

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000088412

Entity Name: ORLICK & KASPER, MDS, PA**Current Principal Place of Business:**5800 49TH ST N STE S-109
ST PETERSBURG, FL 33709**Current Mailing Address:**5800 49TH ST N STE S-109
ST PETERSBURG, FL 33709 US**FEI Number:** 59-3219393**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ORLICK, MARTIN E M.D.
5800 49TH ST N STE S-109
ST PETERSBURG, FL 33709 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** MARTIN E. ORLICK, M.D.

04/29/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT AND TREASURER
Name ORLICK, MARTIN E M.D.
Address 5800 49TH ST N STE S-109
City-State-Zip: ST PETERSBURG FL 33709

Title VICE PRESIDENT AND SECRETARY
Name KASPER, JEFFREY I M.D.
Address 5800 49TH ST N STE S-109
City-State-Zip: ST PETERSBURG FL 33709

Title PRACTICE ADMINISTRATOR
 (MANAGER)
Name PAAS, STEVEN E
Address 5800 49TH ST N STE S-109
City-State-Zip: ST PETERSBURG FL 33709

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARTIN E. ORLICK, MD

PRESIDENT

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date