

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000009128

Entity Name: PORT ORANGE INTERNISTS, P.A.**Current Principal Place of Business:**3890 TURTLE CREEK DR.
SUITE C
PORT ORANGE, FL 32127**Current Mailing Address:**PO BOX 1635
MINNEOLA, FL 34755 US**FEI Number:** 59-3292082**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHAHWALA, KINJAL B
3890 TURTLE CREEK DR.
SUITE C
PORT ORANGE, FL 32127 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:** KINJAL B CHAHWALA**03/09/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	CHAHWALA, KINJAL B DR.
Address	3890 TURTLE CREEK DR. SUITE C
City-State-Zip:	PORT ORANGE FL 32127

Title	VP
Name	MOISE, PIERRE CHARLES
Address	3890 TURTLE CREEK DR. SUITE C
City-State-Zip:	PORT ORANGE FL 32127

Title	TREASURER
Name	MOISE, NIKENSTON DR.
Address	219 BIG SKY DRIVE
City-State-Zip:	MINNEOLA FL 34715

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: NIKENSTON MOISE**OWNER****03/09/2023**

Electronic Signature of Signing Officer/Director Detail

Date