

2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000052425

Entity Name: JORGE L. FLORIN, M.D., P.A.

Current Principal Place of Business:

MID-FLORIDA SURGICAL ASSOCIATES
1804 OAKLEY SEAVER DR SUITE A
CLERMONT, FL 34711

Current Mailing Address:

MID-FLORIDA SURGICAL ASSOCIATES
1804 OAKLEY SEAVER DRIVE SUITE A
CLERMONT, FL 34711 US

FEI Number: 59-3453116

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIN, JORGE L
MID-FLORIDA SURGICAL ASSOCIATES
1804 OAKLEY SEAVER DRIVE SUITE A
CLERMONT, FL 34711 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DPS
Name FLORIN, JORGE L
Address MID-FLORIDA SURGICAL
 ASSOCIATES
 1804 OAKLEY SEAVER DRIVE SUITE A

City-State-Zip: CLERMONT FL 34711

Title PRACTICE ADMINISTRATOR
Name ZEH, SHANNON
Address MID-FLORIDA SURGICAL
 ASSOCIATES
 1804 OAKLEY SEAVER DRIVE SUITE A

City-State-Zip: CLERMONT FL 34711

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: SHANNON ZEH

**PRACTICE
ADMINISTRATOR**

05/24/2024

Electronic Signature of Signing Officer/Director Detail

Date