

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000047666

**Entity Name:** RALPH A. DEMATTEIS, M.D., P.L.

**Current Principal Place of Business:**

1900-72ND AVENUE NORTHEAST  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

1900-72ND AVENUE NORTHEAST  
ST. PETERSBURG, FL 33702 US

**FEI Number:** 27-2581344

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GENERAL & VASCULAR SURGERY  
315 S. HYDE PARK AVENUE  
TAMPA, FL 33606 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:** RALPH DEMATTEIS

03/26/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title M/M  
Name DEMATTEIS, RALPH A  
Address 1900 72ND AVENUE NORTHEAST  
City-State-Zip: ST. PETERSBURG FL 33702

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RALPH A DEMATTEIS MD PL

OWNER

03/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date