

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600326

Entity Name: FLAGLER MEDICAL ASSOCIATES, P.A.**Current Principal Place of Business:**1552 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33401**Current Mailing Address:**1552 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33401**FEI Number:** 59-1199726**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RATTINGER, MARK D. M.D.
1552 PALM BEACH LAKES BLVD
WEST PALM BCH, FL 33401 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	P
Name	RATTINGER, MARK D
Address	1552 PALM BEACH LAKES BLVD
City-State-Zip:	WEST PALM BCH FL 33401

Title	V
Name	STEINBERG, ROBERT A.
Address	1552 PALM BEACH LAKES BLVD
City-State-Zip:	W PALM BCH FL 33401

Title	D
Name	FORTIER, DANIEL
Address	1552 PALM BEACH LAKES BLVD
City-State-Zip:	WEST PALM BEACH FL 33401

Title	D
Name	MARK, TIMOTHY
Address	1552 PALM BEACH LAKES BLVD
City-State-Zip:	WEST PALM BEACH FL 33401

Title	D
Name	GALANTE, MIRTA
Address	1552 PALM BEACH LAKES BLVD
City-State-Zip:	WEST PALM BEACH FL 33401

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: TIMOTHY MARK**DIRECTOR****02/11/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date