

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 601813

**FILED  
Mar 29, 2019  
Secretary of State  
0510593549CC**

**Entity Name:** HERSHMAN MEDICAL CENTER, P.A.

**Current Principal Place of Business:**

13400 SW 120 STREET  
SUITE 300 A  
MIAMI, FL 33186

**Current Mailing Address:**

13400 SW 120 STREET  
SUITE 300 A  
MIAMI, FL 33186 US

**FEI Number:** 59-1299464

**Certificate of Status Desired:** No

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

HERSHMAN, LLOYD  
13400 SW 120 STREET  
SUITE 300 A  
MIAMI, FL 33186 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:** LLOYD HERSHMAN

03/29/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	HERSHMAN, LLOYD	Name	HERSHMAN, KENNETH
Address	13400 SW 120 STREET SUITE 300 A	Address	13400 SW 120 STREET SUITE 300 A
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	MIAMI FL 33186

*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:** LLOYD HERSHMAN

**PRESIDENT**

03/29/2019

Electronic Signature of Signing Officer/Director Detail

Date