

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601813

Entity Name: HERSHMAN MEDICAL CENTER, P.A.

Current Principal Place of Business:

11479 S.W. 40TH STREET
MIAMI, FL 33165

Current Mailing Address:

11479 S.W. 40TH STREET
MIAMI, FL 33165

FEI Number: 59-1299464

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HERSHMAN, LLOYD
11479 SW 40 ST
MIAMI, FL 33165 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 HERSHMAN, LLOYD
Address 11479 SW 40 ST (BIRD RD)
City-State-Zip: MIAMI FL 33165

Title VP
Name HERSHMAN, KENNETH
Address 11479 SW 40 ST (BIRD RD)
City-State-Zip: MIAMI FL 33165

Title SECRETARY
Name HERSHMAN, KENNETH
Address 11479 S.W. 40TH STREET
City-State-Zip: MIAMI FL 33165

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 _____

P

04/28/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date