

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 603176

**Entity Name:** EDWARD A. KRINZMAN M.D., P.A.

**Current Principal Place of Business:**

2100 E. HALLANDALE BEACH BLVD.  
SUITE 401  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

2100 E. HALLANDALE BEACH BLVD.  
SUITE 401  
HALLANDALE BEACH, FL 33009

**FEI Number:** 59-1361446

**Certificate of Status Desired:** No

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

KRINZMAN, EDWARD A  
2100 E HALLANDALE BEACH BLVD.  
SUITE 401  
HALLANDALE, FL 33009 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            PRES  
Name            KRINZMAN, EDWARD A  
Address        2100 E.HALLANDALE BCH BL  
City-State-Zip: HALLANDALE FL 33009

*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:** EDWARD KRINZMAN M.D.

**PRES.**

**01/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date