

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F70514

**Entity Name:** ADAM S. PLOTKIN, M.D., P.A.

**Current Principal Place of Business:**

5210 LINTON BLVD.  
SUITE 307  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

5210 LINTON BLVD.  
SUITE 307  
DELRAY BEACH, FL 33484

**FEI Number:** 59-2188091

**Certificate of Status Desired:** No

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

PLOTKIN, ADAM S  
5210 LINTON BLVD.  
SUITE 307  
DELRAY BEACH, FL 33484 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 STD  
Name PLOTKIN, ADAM SM.D.  
Address 5210 LINTON BLVD., #307  
City-State-Zip: DELRAY BEACH FL 33484

Title VP  
Name STEIN, RONNIT HM.D.  
Address 5210 LINTON BLVD., SUITE 307  
City-State-Zip: DELRAY BEACH FL 33484

*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:** ADAM S. PLOTKIN

**PRESIDENT**

**01/13/2015**

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

\_\_\_\_\_  
Date