

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H32310

**Entity Name:** ALAN ALTMAN, M.D., P.A.

**Current Principal Place of Business:**

9900 W. SUBURBAN DR.  
PINECREST, FL 33156

**Current Mailing Address:**

9301 SW 92ND AVENUE  
APT A-315  
MIAMI, FL 33176 US

**FEI Number:** 59-2482121

**Certificate of Status Desired:** No

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

WEINER, DEBBIE  
5081 LAKEWOOD DRIVE  
COOPER CITY, FL 33330 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 DR.  
Name ALTMAN, ALAN  
Address 9900 W. SUBURBAN DR.  
City-State-Zip: PINECREST FL 33156

*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:** ALAN ALTMAN

MD

01/18/2015

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

\_\_\_\_\_  
Date