

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H40417

**Entity Name:** HENRY J. RICHTER, M.D., P.A.

**Current Principal Place of Business:**

% HENRY J. RICHTER, MD  
4919 DORA DRIVE  
TANGERINE, FL 32777

**Current Mailing Address:**

% HENRY J. RICHTER, MD  
P.O. BOX 55  
TANGERINE, FL 32777

**FEI Number:** 59-2496796

**Certificate of Status Desired:** No

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

RICHTER, HENRY J., MD  
4919 DORA DRIVE  
TANGERINE, FL 32777 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 PSD  
Name RICHTER, HENRY J., MD  
Address 4919 DORA DRIVE  
City-State-Zip: TANGERINE FL 32777

*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:** HENRY J RICHTER

PRESIDENT

04/06/2019

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

\_\_\_\_\_  
Date