

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J35863

**Entity Name:** FIFER & HELIGMAN, M.D., P.A.**Current Principal Place of Business:**8350 RIVERWALK PARK BLVD  
SUITE 1  
FT. MYERS, FL 33919**Current Mailing Address:**8350 RIVERWALK PARK BLVD  
SUITE 1  
FT. MYERS, FL 33919 US**FEI Number:** 59-2718825**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FIFER, JOHN S., JR.  
8350 RIVERWALK PARK BLVD  
SUITE 1  
FT. MYERS, FL 33919 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:** JOHN S. FIFER, JR.

04/04/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, OFFICER  
Name FIFER, JOHN S JR.  
Address 8350 RIVERWALK PARK BLVD  
SUITE 1  
City-State-Zip: FT. MYERS FL 33919

Title DIRECTOR, OFFICER  
Name HELIGMAN, DAVID M  
Address 8350 RIVERWALK PARK BLVD  
SUITE 1  
City-State-Zip: FT. MYERS FL 33919

Title DIRECTOR, OFFICER  
Name GOMEZ, EDUARDO  
Address 8350 RIVERWALK PARK BLVD  
SUITE 1  
City-State-Zip: FT. MYERS FL 33919

Title DIRECTOR, OFFICER  
Name MARKOVICH, GEORGE D  
Address 8350 RIVERWALK PARK BLVD  
SUITE 1  
City-State-Zip: FT. MYERS FL 33919

Title DIRECTOR, OFFICER  
Name FOLLWEILER, ROBERT A.  
Address 8350 RIVERWALK PARK BLVD  
SUITE 1  
City-State-Zip: FT. MYERS FL 33919

*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:** JOHN S FIFER

OFFICER

04/04/2016

Electronic Signature of Signing Officer/Director Detail

Date