

2022 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:**HELIGMAN, DAVID DR.
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:** DAVID HELIGMAN

01/28/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title OFFICER
Name SKINNER, SPENCER DR.
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: DAVID HELIGMAN

OFFICER

01/28/2022

Electronic Signature of Signing Officer/Director Detail

Date