

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J80466

**Entity Name:** MITCHELL POLLAK, M.D., P.A.

**Current Principal Place of Business:**

8100 ROYAL PALM BLVD.  
SUITE 105  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

8100 ROYAL PALM BLVD.  
SUITE 105  
CORAL SPRINGS, FL 33065

**FEI Number:** 65-0002758

**Certificate of Status Desired:** No

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

POLLAK, MITCHELL RM.D.  
8100 ROYAL PALM BLVD.  
SUITE 105  
CORAL SPRINGS, FL 33065 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 PT  
Name POLLAK, MITCHELL  
Address 8100 ROYAL PALM BLVD.  
SUITE 105  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name POLLAK, MITCHELL R DR.  
Address 8100 ROYAL PALM BLVD.  
SUITE 105  
City-State-Zip: CORAL SPRINGS FL 33065

Title S  
Name POLLAK, MITCHELL  
Address 8100 ROYAL PALM BLVD  
City-State-Zip: CORAL SPRINGS FL

*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:** MITCHELL POLLAK

**PRESIDENT**

**02/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date