

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J80466

Entity Name: MITCHELL POLLAK, M.D., P.A.**Current Principal Place of Business:**550 SE 5TH AVE
SUITE 105
BOCA RATON, FL 33432**Current Mailing Address:**P.O. BOX 9007
CORAL SPRINGS, FL 33075 US**FEI Number:** 65-0002758**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POLLAK, MITCHELL R DR.
550 SE 5TH AVE
BOCA RATON, FL 33432 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:** MITCHELL POLLAK

01/12/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PT
Name	POLLAK, MITCHELL
Address	P.O. BOX 9007
City-State-Zip:	CORAL SPRINGS FL 33075

Title	D
Name	POLLAK, MITCHELL R DR.
Address	P.O. BOX 9007
City-State-Zip:	CORAL SPRINGS FL 33075

Title	S
Name	POLLAK, MITCHELL
Address	P.O. BOX 9007
City-State-Zip:	CORAL SPRINGS FL 33075

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 MD

OWNER

01/12/2021

Electronic Signature of Signing Officer/Director Detail

Date