

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L05962

**Entity Name:** MEDICAL ASSOCIATES OF DELRAY, P.A.

**Current Principal Place of Business:**

13590 JOG ROAD  
SUITE 4/5  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

13590 JOG ROAD  
SUITE 4/5  
DELRAY BEACH, FL 33446

**FEI Number:** 65-0128260

**Certificate of Status Desired:** Yes

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

GOMER, ALAN M  
13590 JOG ROAD SUITE 4-5  
DELRAY BEACH, FL 33496 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            PRESIDENT  
Name            COHEN, MICHELLE D M.D.  
Address        13590 JOG ROAD  
                 SUITE 4/5  
City-State-Zip: DELRAY BEACH FL 33446

Title            SECRETARY  
Name            ZUKERBERG, BRUCE W M.D.  
Address        13590 JOG ROAD  
                 SUITE 4/5  
City-State-Zip: DELRAY BEACH FL 33446

Title            VP  
Name            GOMER, ALAN M M.D.  
Address        13590 JOG ROAD SUITE 4/5  
City-State-Zip: DELRAY BEACH FL 33446  
  
Title            TREASURER  
Name            CONDE, JOSE L M.D.  
Address        13590 JOG ROAD  
                 SUITE 4/5  
City-State-Zip: DELRAY BEACH FL 33446

*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: MICHELLE COHEN**

**PRESIDENT**

**01/09/2019**

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

\_\_\_\_\_  
Date