

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000019417

**Entity Name:** STUART L. BOE, M.D., P.A.

**Current Principal Place of Business:**

5333 N DIXIE HIGHWAY  
SUITE 206  
FT LAUDERDALE, FL 33334

**Current Mailing Address:**

5333 N DIXIE HIGHWAY  
SUITE 206  
FT LAUDERDALE, FL 33334

**FEI Number:** 65-1086216

**Certificate of Status Desired:** No

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

BOE, STUART L  
SUITE 206  
5333 N DIXIE HIGHWAY  
FORT LAUDERDALE, FL 33334 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            D  
Name            BOE, STUART LMD  
Address        5333 N DIXIE HIGHWAY  
City-State-Zip: FT LAUDERDALE FL 33334

*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:** STUART L BOE, MD

**DIRECTOR**

**04/26/2023**

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

\_\_\_\_\_  
Date