

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000011134

Entity Name: ITZHAK NIR, M.D., P.A.

Current Principal Place of Business:

13005 SOUTHERN BLVD.
SUITE 232
LOXAHATCHEE, FL 33470

Current Mailing Address:

2281 GREENVIEW COVE DRIVE
WELLINGTON, FL 33414

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NIR, ITZHAK M.D.
2281 GREENVIEW COVE DRIVE
WELLINGTON, FL 33414 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 PD
Name ITZHAK, NIR M.D.
Address 2281 GREENVIEW COVE DRIVE
City-State-Zip: WELLINGTON FL 33414

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: ITZHAK NIR, MD _____

PHYSICIAN

01/10/2018

Electronic Signature of Signing Officer/Director Detail

_____ Date