

**2016 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

OFFICE MANAGER

01/25/2016

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

\_\_\_\_\_ Date