

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000118275

**Entity Name:** TORY SULLIVAN, M.D., P.A.

**Current Principal Place of Business:**

16100 NE 16TH AVE  
SUITE A  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

16100 NE 16TH AVE  
SUITE A  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 20-0328714

**Certificate of Status Desired:** No

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

STEVEN K. BARID, P.A.  
5981 NE 6TH AVENUE  
MIAMI, FL 33137 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 PSTD  
Name SULLIVAN, TORY  
Address 16100 NE 16TH AVE, SUITE A  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*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:** TORY SULLIVAN

**PRESIDENT**

**02/07/2019**

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

\_\_\_\_\_  
Date