

2013 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

PSTD

04/09/2013

Electronic Signature of Signing Officer/Director Detail

Date