

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000131819

**Entity Name:** SUZANNE Y. SUCCOP, M.D., P.A.

**Current Principal Place of Business:**

3245 EQUESTRIAN DR  
BOCA RATON, FL 33434

**FILED**  
**Apr 02, 2016**  
**Secretary of State**  
**CC1039068869**

**Current Mailing Address:**

3245 EQUESTRIAN DR  
BOCA RATON, FL 33434

**FEI Number: 20-1647461**

**Certificate of Status Desired: No**

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

BENDECK, ELIAS Z  
3245 EQUESTRIAN DR  
BOCA RATON, FL 33434 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 P  
Name SUCCOP, SUZANNE YMD  
Address 3245 EQUESTRIAN DRIVE  
City-State-Zip: BOCA RATON FL 33434

Title V  
Name SUCCOP, SUZANNE YMD  
Address 3245 EQUESTRIAN DRIVE  
City-State-Zip: BOCA RATON FL 33434

Title S  
Name SUCCOP, SUZANNE YMD  
Address 3245 EQUESTRIAN DRIVE  
City-State-Zip: BOCA RATON FL 33434

Title T  
Name SUCCOP, SUZANNE YMD  
Address 3245 EQUESTRIAN DRIVE  
City-State-Zip: BOCA RATON FL 33434

Title D  
Name SUCCOP, SUZANNE YMD  
Address 3245 EQUESTRIAN DRIVE  
City-State-Zip: BOCA RATON FL 33434

*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: SUZANNE Y SUCCOP**

**PRESIDENT**

**04/02/2016**

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

\_\_\_\_\_  
Date