

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000040549

**Entity Name:** WILKS & SAFIRSTEIN, M.D., P.A.

**Current Principal Place of Business:**

911 E. HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

911 E. HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009

**FEI Number:** 55-0906060

**Certificate of Status Desired:** Yes

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

WILKS, KERRI DR.  
911 E. HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009 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:** KERRI WILKS

01/14/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DR  
Name SAFIRSTEIN, BETH E  
Address 911 E. HALLANDALE BEACH BLVD.  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DR  
Name WILKS, KERRI L  
Address 911 E. HALLANDALE BEACH BLVD.  
City-State-Zip: HALLANDALE BEACH FL 33009

*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:** DR. KERRI L WILKS

CO-PRESIDENT

01/14/2015

Electronic Signature of Signing Officer/Director Detail

Date