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 e	entity submits this statement for the purpose of changing its regist	tered office or regis	tered agent, or both, in the State of Flo	orida.
	entity submits this statement for the purpose of changing its regist KERRI WILKS	tered office or regis	tered agent, or both, in the State of Flo	orida. 01/18/2016
		tered office or regis	tered agent, or both, in the State of Flo	
	KERRI WILKS   Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Flo	01/18/2016
SIGNATURE: Officer/Direct	KERRI WILKS   Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Flo	01/18/2016

Address

City-State-Zip:

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

DOCUMENT# P05000040549

## **Current Mailing Address:**

911 E. HALLANDALE BEACH BLVD. H

**Current Principal Place of Business:** 

## F

Address

## Ν

911 E. HALLANDALE BEACH BLVD.

City-State-Zip: HALLANDALE BEACH FL 33009

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

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: KERRI WILKS MD

**CO- PRESIDENT** 

01/18/2016

Electronic Signature of Signing Officer/Director Detail



FILED

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911 E. HALLANDALE BEACH BLVD.

HALLANDALE BEACH FL 33009

Date