

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102205

Entity Name: MLS EMERGENCY PHYSICIANS, P.A.

Current Principal Place of Business:

10808 LAKE WYNDS COURT
BOYNTON BEACH, FL 33437

Current Mailing Address:

10808 LAKE WYNDS COURT
BOYNTON BEACH, FL 33437

FEI Number: 20-3264480

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOLBERG, JONATHAN IDR.
10808 LAKE WYNDS COURT
BOYNTON BEACH, FL 33437 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 GOLBERG, JONATHAN IDR.
Address 10808 LAKE WYNDS COURT
City-State-Zip: BOYNTON BEACH FL 33437

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: JONATHAN I. GOLBERG

OWNER

04/30/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date