

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000008823

**Entity Name:** SMIRNOFF NEUROLOGY, P.A.

**Current Principal Place of Business:**

729 COUNTY ROAD 466  
LADY LAKE, FL 32159

**Current Mailing Address:**

1576 BELLA CRUZ DRIVE  
P.M.B. #413  
THE VILLAGES, FL 32159

**FEI Number:** 83-0486801

**Certificate of Status Desired:** No

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

SMIRNOFF, ALEXANDER J  
729 COUNTY ROAD 466  
LADY LAKE, FL 32159 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 DP  
Name SMIRNOFF, ALEXANDER J  
Address 1576 BELLA CRUZ DRIVE, PMB #413  
City-State-Zip: THE VILLAGES FL 32159

*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:** ALEXANDER SMIRNOFF

DP

06/24/2020

Electronic Signature of Signing Officer/Director Detail

Date