

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000097236

**Entity Name:** MURRAY S. ROLNICK M.D., P.A.

**Current Principal Place of Business:**

15715 SOUTH DIXIE HWY  
SUITE #415  
MIAMI, FL 33157

**Current Mailing Address:**

6790 SW 101 ST.  
MIAMI, FL 33156 US

**FEI Number:** 27-4291707

**Certificate of Status Desired:** No

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

ROLNICK, MURRAY S  
6790 SW 101 ST.  
MIAMI, FL 33156 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 PTV  
Name ROLNICK, MURRAY S  
Address 6790 SW 101 ST.  
City-State-Zip: MIAMI FL 33156

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:** MURRAY S ROLNICK, MD

PHYSICIAN/OWNER

02/06/2022

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

\_\_\_\_\_  
Date