

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000051527

**Entity Name:** ANDREW M. LERMAN, M.D. P.A.

**Current Principal Place of Business:**

4601 PONCE DE LEON BLVD.,  
SUITE 100  
MIAMI, FL 33146

**Current Mailing Address:**

4601 PONCE DE LEON BLVD.,  
SUITE 100  
MIAMI, FL 33146 US

**FEI Number:** 47-4423469

**Certificate of Status Desired:** No

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

BERGER FIRM P.A.  
3050 BISCAYNE BOULEVARD  
SUITE 402  
MIAMI, FL 33137 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 LERMAN, ANDREW M M.D.  
Address 1635 LAKESHORE CIRCLE  
City-State-Zip: WESTON FL 33326

*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:** ANDREW LERMAN

**PRINCIPAL**

**03/17/2017**

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

\_\_\_\_\_  
Date