

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000042583

**Entity Name:** MAXWELL R POTOLSKY PA

**Current Principal Place of Business:**

3023 NE QUAYSIDE LN  
MIAMI, FL 33138

**Current Mailing Address:**

3023 NE QUAYSIDE LN  
MIAMI, FL 33138 US

**FEI Number: 81-2597678**

**Certificate of Status Desired: No**

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

KIM MARKS CPA PA  
2136 NE 123RD ST  
NORTH MIAMI, FL 33181 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            POTOLSKY, MAXWELL R  
Address        3023 NE QUAYSIDE LN  
City-State-Zip: MIAMI FL 33138

*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: MAXWELL R POTOLSKY**

**P**

**03/03/2017**

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

\_\_\_\_\_  
Date