

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000063462

**Entity Name:** JONATHAN GOTTLIEB, MD PA

**Current Principal Place of Business:**

3659 S. MIAMI AVE., #4002  
MIAMI, FL 33133

**Current Mailing Address:**

3659 S. MIAMI AVE., #4002  
MIAMI, FL 33133 US

**FEI Number:** 82-2296568

**Certificate of Status Desired:** No

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

MINIMALLY INVASIVE SPINE CENTER OF SOUTH FLORIDA  
3659 SOUTH MIAMI AVENUE  
SUITE 4002  
MIAMI, FL 33133 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:** JONATHAN R GOTTLIEB

04/07/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name GOTTLIEB, JONATHAN  
Address 3659 S. MIAMI AVE., #4002  
City-State-Zip: MIAMI FL 33133

*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 R GOTTLIEB

CEO

04/07/2021

Electronic Signature of Signing Officer/Director Detail

Date