

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000022957

Entity Name: FCN MIAMI EPILEPSY CONSULTANTS, INC

Current Principal Place of Business:

2601 SW 37TH AVE, STE 601
MIAMI, FL 33134

Current Mailing Address:

9960 NW 116TH WAY
SUITE 7
MEDLEY , FL 33178 US

FEI Number: 82-4959238

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PERFORMANCE MEDICAL MANAGEMENT, LLC
9960 NW 116TH WAY, STE7
MEDLEY, FL 33178 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 DIRECTOR
Name LERMAN, ANDREW
Address 2601 SW 37TH AVE
 STE 601
City-State-Zip: MIAMI FL 33134

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: LERMAN , ANDREW

DIRECTOR

04/26/2022

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date