

**2020 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, STE 7  
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: ANDREW LERMAN MD**

**DIRECTOR**

**06/24/2020**

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

\_\_\_\_\_  
Date