

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000023006

Entity Name: FCN BRUCE KOHRMAN MD, INC

Current Principal Place of Business:

6200 SUNSET DRIVE, SUITE 305
SOUTH MIAMI, FL 33143

Current Mailing Address:

6200 SUNSET DRIVE, SUITE 305
SOUTH MIAMI, FL 33143 US

FEI Number: 82-4955886

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PERFORMANCE MEDICAL MANAGEMENT, LLC
9960 NW 116TH WAY, SUITE 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 DIR
Name KOHRMAN, BRUCE M.D.
Address 6200 SUNSET DRIVE, SUITE 305
City-State-Zip: SOUTH MIAMI FL 33143

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: BRUCE KOHRMAN

DIRECTOR

04/28/2019

Electronic Signature of Signing Officer/Director Detail

Date