

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000055773

**Entity Name:** ADAM MANDEL, M.D., P.A.

**Current Principal Place of Business:**

8287 LOST CREEK LN.  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

8287 LOST CREEK LN.  
DELRAY BEACH, FL 33446 US

**FEI Number:** 83-0983965

**Certificate of Status Desired:** No

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

MANDEL, ADAM S  
8287 LOST CREEK LN.  
DELRAY BEACH, FL 33446 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 MANDEL, ADAM S  
Address 8287 LOST CREEK LN.  
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR  
Name MANDEL, RACHELLE  
Address 8287 LOST CREEK LN.  
City-State-Zip: DELRAY BEACH FL 33446

*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:** ADAM MANDEL

**PRESIDENT**

**01/07/2020**

Electronic Signature of Signing Officer/Director Detail

Date