

2019 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

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

01/04/2019

Electronic Signature of Signing Officer/Director Detail

Date