

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000009621

**Entity Name:** NICHOLAS J. HENDRICKS, MD, PA

**Current Principal Place of Business:**

536 NE 12TH AVE  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

536 NE 12TH AVE  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 86-2353180

**Certificate of Status Desired:** No

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

FILINGS, INC.  
3732 NW 16TH ST  
FORT LAUDERDALE, FL 33311 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 PST  
Name NICHOLAS J. HENDRICKS,MD  
Address 15600 NW 67TH AVE #101  
City-State-Zip: MIAMI LAKES FL 33014

*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:** NICHOLAS HENDRICKS

MD

02/16/2023

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

\_\_\_\_\_ Date