#### 2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000091884

Entity Name: ZIPHYCARE MEDICAL OF FLORIDA, P.A.

## **Current Principal Place of Business:**

5237 SUMMERLIN COMMONS BLVD SUITE 223 FORT MEYERS, FL 33907

# **Current Mailing Address:**

210 WEST 96TH STREET UNIT 4 NEW YORK, NY 10025 US

FEI Number: 87-3278490 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

COHEN, STEPHANIE 788 NORTHEAST 23RD STREET #4102 MIAMI, FL 33137 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

**FILED** Jan 23, 2023

**Secretary of State** 

1556382795CC

#### Officer/Director Detail:

Title

UKRAINSKY, GENNADY M.D. Name 210 WEST 96TH STREET, #4 Address

City-State-Zip: NEW YORK NY 10025

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.