

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000042648

**Entity Name:** THEODORE H. CLARFIELD, M.D., P.A.

**Current Principal Place of Business:**

5934 CRYSTAL VIEW DR  
ORLANDO, FL 32819

**Current Mailing Address:**

5934 CRYSTAL VIEW DR  
ORLANDO, FL 32819

**FEI Number: 88-2674828**

**Certificate of Status Desired: No**

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

CB&G SERVICES, INC.  
283 CRANES ROOST BLVD, STE. #165  
ALTAMONTE SPRINGS, FL 32701 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 DP  
Name CLARFIELD, THEODORE H M.D.  
Address 5934 CRYSTAL VIEW DR  
City-State-Zip: ORLANDO FL 32819

Title VPST  
Name CLARFIELD, THEODOR H M.D.  
Address 5934 CRYSTAL VIEW DR  
City-State-Zip: ORLANDO FL 32819

*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: THEODORE CLARFIELD**

**DR.**

**03/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date