

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000001016

**Entity Name:** ALAN A. ZELCER, M.D., P.A.

**Current Principal Place of Business:**

5210 LINTON BLVD.  
SUITE 101  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

5210 LINTON BLVD.  
SUITE 101  
DELRAY BEACH, FL 33484

**FEI Number:** 65-0454934

**Certificate of Status Desired:** Yes

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

ZELCER, ALAN A  
5210 LINTON BLVD.  
SUITE 101  
DELRAY BEACH, FL 33484 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 D  
Name ZELCER, ALAN AMD  
Address 920 NW 1ST AVE  
City-State-Zip: DELRAY BEACH FL 33444

*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:** ALAN A ZELCER MD

**PRESIDENT**

**02/12/2019**

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

\_\_\_\_\_  
Date