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: MARK SHACHNER

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

01/09/2017 Date

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000075110

Entity Name: SHACHNER, ZARAGOZA & SHINTRE, M.D., P.A.

Current Principal Place of Business:

3001 CORAL HILLS DRIVE SUITE 320 CORAL SPRINGS, FL 33065

Current Mailing Address:

3001 CORAL HILLS DRIVE SUITE 320 CORAL SPRINGS, FL 33065

FEI Number: 65-0525393

Name and Address of Current Registered Agent:

SHACHNER, MARK SMD 3001 CORAL HILLS DRIVE SUITE 320 CORAL SPRINGS, FL 33065 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:

Date Electronic Signature of Registered Agent **Officer/Director Detail :** Title DR Title VP Name SHACHNER, MARK SMD Name ZARAGOZA, BERNARD J 3001 CORAL HILLS DRIVE, SUITE 320 Address 3001 CORAL HILLS DRIVE, SUITE 320 Address City-State-Zip: CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065 Title S Name SHINTRE, NIRANJAN 3001 CORAL HILLS DRIVE, SUITE 320 Address

City-State-Zip: CORAL SPRINGS FL 33065

Certificate of Status Desired: No

FILED Jan 09, 2017 Secretary of State CC3198915524