

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000023831

Entity Name: HITEN KISNAD, M.D., P.A.

Current Principal Place of Business:

3840 BELFORT ROAD
SUITE 306
JACKSONVILLE , FL 32216

Current Mailing Address:

3840 BELFORT ROAD
SUITE 306
JACKSONVILLE , FL 32216 US

FEI Number: 59-3308189

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KISNAD, HITEN MD
3840 BELFORT ROAD
SUITE 306
JACKSONVILLE , FL 32216 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 HITEN KISNAD
Address 3840 BELFORT ROAD
SUITE 306
City-State-Zip: JACKSONVILLE FL 32216

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: HITEN KISNAD MD

PST

01/16/2020

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date