

**2023 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

01/19/2023

Electronic Signature of Signing Officer/Director Detail

Date