

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000039438

**Entity Name:** ELLIOTT B. WEINGER, M.D., P.A.

**Current Principal Place of Business:**

1740 E HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009

**Current Mailing Address:**

PO BOX 4455  
HALLANDALE BEACH, FL 33008

**FEI Number:** 65-0827011

**Certificate of Status Desired:** Yes

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

WEINGER, ELLIOTT B  
1740 E HALLANDALE BEACH BLVD.  
HALLANDALE, FL 33009 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:** ELLIOTT B. WEINGER

04/02/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title MD  
Name WEINGER, ELLIOTT B  
Address 1740 E HALLANDALE BEACH BLVD.  
City-State-Zip: HALLANDALE FL 33009

*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:** ELLIOTT B WEINGER

M.D. PRESIDENT

04/02/2018

Electronic Signature of Signing Officer/Director Detail

Date