

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000050154

**Entity Name:** LEONARD HOCHSTEIN, M.D., P.A.

**Current Principal Place of Business:**

585 NW 161 STREET  
MIAMI, FL 33169

**Current Mailing Address:**

585 NW 161 STREET  
MIAMI, FL 33169 US

**FEI Number:** 65-0849734

**Certificate of Status Desired:** No

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

HOCHSTEIN, LEONARD  
585 NW 161 STREET  
MIAMI, FL 33169 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 PSTD  
Name HOCHSTEIN, LEONARD M.D.  
Address 585 NW 161 STREET  
City-State-Zip: MIAMI FL 33169

*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:** LEONARD HOCHSTEIN

**OWNER**

**03/25/2013**

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

\_\_\_\_\_ Date