

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000050154

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

Current Principal Place of Business:

18031 NW 87TH CT
HIALEAH, FL 33018

Current Mailing Address:

18031 NW 87TH CT
HIALEAH, FL 33018 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 18031 NW 87TH CT
City-State-Zip: HIALEAH FL 33018

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

PHYSICIAN

01/26/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date