

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V00149

**Entity Name:** WILFRED C. MCKENZIE, M.D., P.A.

**Current Principal Place of Business:**

1625 SE 3RD AVE  
SUITE 400  
FT LAUDERDALE, FL 33316

**Current Mailing Address:**

1625 SE 3RD AVE  
SUITE 400  
FT LAUDERDALE, FL 33316 US

**FEI Number:** 65-0303676

**Certificate of Status Desired:** No

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

MCKENZIE, WILFRED CMD  
1625 SE THIRD AVENUE SUITE 400  
FORT LAUDERDALE, FL 33316 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                  | Title           | VP                          |
| Name            | MCKENZIE, WILFRED C. | Name            | MCKENZIE, RONA M DR.        |
| Address         | 1625 SE 3RD AVE      | Address         | 1625 SE THIRD AVENUE<br>400 |
| City-State-Zip: | FT LAUDERDALE FL     | City-State-Zip: | FORT LAUDERDALE FL 33316    |

*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:** WILFRED MCKENZIE

**PRESIDENT**

**04/27/2022**

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

\_\_\_\_\_  
Date