

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000186832

**Entity Name:** JAY MAIZES MD, PLLC

**Current Principal Place of Business:**

5401 S. CONGRESS AVENUE  
SUITE 204  
ATLANTIS, FL 33462

**Current Mailing Address:**

5401 S. CONGRESS AVENUE  
SUITE 204  
ATLANTIS, FL 33462 US

**FEI Number:** 83-1519413

**Certificate of Status Desired:** No

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

MCCARTNEY, SHARI L ESQ  
C/O TRIPP SCOTT, P.A.  
110 SE 6TH STREET, 15TH FLOOR  
FORT LAUDERDALE, FL 33301 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

**Authorized Person(s) Detail :**

Title MGR  
Name MAIZES, JAY MD  
Address 5401 S. CONGRESS AVENUE, SUITE  
204  
City-State-Zip: ATLANTIS FL 33462

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAY MAIZES

MGR

03/07/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date