

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 483428

**Entity Name:** MOSHE KEDAN, M.D., P.A.

**Current Principal Place of Business:**

611 DRUID ROAD EAST  
#306  
CLEARWATER, FL 33756

**Current Mailing Address:**

611 DRUID ROAD EAST  
#306  
CLEARWATER, FL 33756 US

**FEI Number:** 59-1613689

**Certificate of Status Desired:** No

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

KEDAN , ARON  
34824 US HWY 19 N  
PALM HARBOR, FL 34684 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:** ARON KEDAN

02/22/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name KEDAN, MOSHE  
Address 611 DRUID ROAD EAST  
#306  
City-State-Zip: CLEARWATER FL 33756

Title V  
Name KEDAN, ELLA  
Address 611 DRUID ROAD EAST  
#306  
City-State-Zip: CLEARWATER FL 33756

Title ST  
Name KEDAN, ARON  
Address 34824 US HWY 19 N  
City-State-Zip: PALM HARBOR FL 34684

*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:** MOSHE KEDAN MD

PRESIDENT

02/22/2016

Electronic Signature of Signing Officer/Director Detail

Date