

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 500666

**FILED**  
**Jan 22, 2013**  
**Secretary of State**  
**CC6751017570**

**Entity Name:** MATTHEW L. CARR, M.D., P.A.

**Current Principal Place of Business:**

3001 NW 49TH AVENUE  
SUITE 100  
LAUDERDALE LAKES, FL 33313

**Current Mailing Address:**

3001 NW 49TH AVENUE  
SUITE 100  
LAUDERDALE LAKES, FL 33313

**FEI Number:** 59-1679057

**Certificate of Status Desired:** No

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

CARR, M.D., MATTHEW L.  
3001 NW 49TH AVENUE  
SUITE 100  
LAUDERDALE LAKES, FL 33313 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  
Name CARR, MATTHEW L  
Address 674 WEST TROPICAL WAY  
City-State-Zip: PLANTATION FL

Title V  
Name GHITIS, ARNOLD  
Address 9300 NW 10 CT  
City-State-Zip: PLANTATION FL

Title S  
Name CUSNIR, HENRY  
Address 8048 S SAVANNAH CIRCLE  
City-State-Zip: DAVIE FL 33328

*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:** ARNOLD GHITIS

VP

01/22/2013

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

\_\_\_\_\_  
Date