

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 558973

Entity Name: GOODMAN, NEIL F.,M.D.,P.A.

Current Principal Place of Business:

4675 PONCE DELEON BLVD
SUITE 204
CORAL GABLES , FL 33146

Current Mailing Address:

4675 PONCE DELEON BLVD
SUITE 204
CORAL GABLES , FL 33146 US

FEI Number: 59-1795126

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GOODMAN, NEIL FMD
4675 PONCE DELEON BLVD
SUITE 204
CORAL GABLES , FL 33146 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 PRESIDENT
Name GOODMAN, NEIL F DR.
Address 4675 PONCE DELEON BLVD
 SUITE 204
City-State-Zip: CORAL GABLES FL 33146

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: NEIL GOODMAN

PRESIDENT

02/07/2019

Electronic Signature of Signing Officer/Director Detail

Date