

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 563746

**Entity Name:** SOBEL & SOFMAN, M.D., P.A.

**Current Principal Place of Business:**

4340 SHERIDAN ST.  
SUITE 101  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

4340 SHERIDAN ST.  
SUITE 101  
HOLLYWOOD, FL 33021

**FEI Number:** 59-1824908

**Certificate of Status Desired:** No

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

SOBEL, STUART A.  
4340 SHERIDAN ST.  
UNIT 101-C  
HOLLYWOOD, FL 33021 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 PD  
Name SOBEL, STUART A.  
Address 3700 N. 54 AVE  
City-State-Zip: HOLLYWOOD FL 33021

Title S  
Name SOBEL, ELEANOR  
Address 3700 N. 54 AVE.  
City-State-Zip: HOLLYWOOD FL 33021

Title V  
Name SOFMAN, MICHAEL  
Address 11155 SW 40TH ST  
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:** STUART SOBEL

**DIRECTOR**

**03/17/2018**

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

\_\_\_\_\_  
Date