

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601350

Entity Name: RESNIK DERMATOLOGY, P.A.

Current Principal Place of Business:

10 EDGEWATER DRIVE
UNIT 5E
CORAL GABLES, FL 33133

Current Mailing Address:

10 EDGEWATER DRIVE
UNIT 5E
CORAL GABLES, FL 33133 US

FEI Number: 59-1269219

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESNIK, SORREL SPRES
10 EDGEWATER DRIVE
UNIT 5E
CORAL GABLES, FL 33133 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 RESNIK, SORREL SPRES
Address 10 EDGEWATER DRIVE
UNIT 5E
City-State-Zip: CORAL GABLES FL 33133

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: SORREL S. RESNIK

PRESIDENT

08/15/2019

Electronic Signature of Signing Officer/Director Detail

Date