

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602773

Entity Name: MARGOLIN, M.D., P.A

Current Principal Place of Business:

LINCOURT MEDICAL CENTER
501 SOUTH LINCOLN AVE
CLEARWATER, FL 33756

Current Mailing Address:

LINCOURT MEDICAL CENTER
501 SOUTH LINCOLN AVE
CLEARWATER, FL 33756

FEI Number: 59-1323104

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARGOLIN, JERRY APRES
501 S LINCOLN AVENUE
26
CLEARWATER, FL 33756 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 PA
Name MARGOLIN, JERRY APRES
Address 501 S. LINCOLN AVE.
City-State-Zip: CLEARWATER FL 33756

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: JERRY MARGOLIN

PRES

04/09/2016

Electronic Signature of Signing Officer/Director Detail

Date