

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604191

Entity Name: IRVING S. KOLIN, M.D., P.A.

Current Principal Place of Business:

1065 WEST MORSE BLVD.
STE. 202
WINTER PARK, FL 32789

Current Mailing Address:

1065 WEST MORSE BLVD.
STE. 202
WINTER PARK, FL 32789 US

FEI Number: 59-1449973

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOLIN, IRVING SM.D.
1065 WEST MORSE BLVD.
ORLANDO, FL 32789 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 KOLIN, IRVING SM.D.
Address 225 TRISMEN TERRACE
City-State-Zip: WINTER PARK FL 32789

Title ST
Name KOLIN, IRVING SM.D.
Address 225 TRISMEN TERRACE
City-State-Zip: WINTER PARK FL 32789

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: IRVING S. KOLIN

PD

04/19/2013

Electronic Signature of Signing Officer/Director Detail

Date