

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 618419

**Entity Name:** ELLIOT M. WORTZEL, M.D., P.A.

**Current Principal Place of Business:**

201 NW 82ND AVE  
305  
PLANTATION, FL 33324

**Current Mailing Address:**

201 NW 82ND AVE  
305  
PLANTATION, FL 33324 US

**FEI Number:** 59-1902221

**Certificate of Status Desired:** No

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

WORTZEL, ELLIOT  
201 NW 82ND AVE  
305  
PLANTATION, FL 33324 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 DP  
Name WORTZEL, ELLIOT M  
Address 201 NW 82ND AVE #305  
City-State-Zip: PLANTATION FL

*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:** ELLIOT M. WORTZEL MD

**PRESIDENT**

**04/17/2014**

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

\_\_\_\_\_  
Date