

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 693910

Entity Name: DAVID R. SIMON, M.D., PH.D., P.A.

Current Principal Place of Business:

C/O DAVID R. SIMON, M.D.
SUITE 106, 201 NORTH UNIVERSITY DRIVE
PLANTATION, FL 33324

Current Mailing Address:

C/O DAVID R. SIMON, M.D.
SUITE 106, 201 NORTH UNIVERSITY DRIVE
PLANTATION, FL 33324

FEI Number: 59-2055534

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SIMON, DAVID R., M.D.
SUITE 106, 201 NORTH UNIVERSITY DRIVE
PLANTATION, FL 33324-9091 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 DPT
Name SIMON, DAVID R
Address 201 N UNIVERSITY DR #106
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: ANDREA SIMON

**DIRECTOR OF
OPERATIONS**

01/09/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date