

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F58752

Entity Name: POLIN, RUTLEDGE & FISCHER, M.D., P.A.

Current Principal Place of Business:

34637 US 19 N
PALM HARBOR, FL 34684

Current Mailing Address:

34637 US 19 N
PALM HARBOR, FL 34684

FEI Number: 59-2149773

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POLIN, ARTHUR RPRES
34637 US 19 N
PALM HARBOR, FL 34684 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 POLIN, ARTHUR RM.D.
Address 34637 US 19 N
City-State-Zip: PALM HARBOR FL 34684

Title VD
Name RUTLEDGE, HUGH AM.D.
Address 34637 US 19 N
City-State-Zip: PALM HARBOR FL 34684

Title SD
Name FISCHER, JAMES PM.D.
Address 34637 US 19 N
City-State-Zip: PALM HARBOR FL 34684

Title TR
Name ROEVER, CYNTHIA PM.D.
Address 34637 US 19 N
City-State-Zip: PALM HARBOR FL 34684

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: ARTHUR R. POLIN, MD

PRESIDENT

02/10/2016

Electronic Signature of Signing Officer/Director Detail

Date