

**2018 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**

**04/27/2018**

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

\_\_\_\_\_  
Date