

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F62462

**Entity Name:** M. SOLNIK, M.D., P.A.

**Current Principal Place of Business:**

400 SE 5TH AVENUE  
SUITE 503  
BOCA RATON, FL 33432

**Current Mailing Address:**

400 SE 5TH AVENUE  
SUITE 503  
BOCA RATON, FL 33432 US

**FEI Number:** 59-2823782

**Certificate of Status Desired:** No

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

SOLNIK, MIKE  
400 SE 5TH AVENUE  
SUITE 503  
BOCA RATON, FL 33432 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 PST  
Name SOLNIK, MIKE  
Address 400 SE 5TH AVENUE  
SUITE 503  
City-State-Zip: BOCA RATON FL 33432

*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:** MIKE SOLNIK

PST

01/29/2021

Electronic Signature of Signing Officer/Director Detail

Date