

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F88955

Entity Name: GAIL RUBIN KWAL, M.D., P.A.

Current Principal Place of Business:

% GAIL RUBIN KWAL
4090 NW 24 WAY
BOCA RATON, FL 33431

Current Mailing Address:

% GAIL RUBIN KWAL
4090 NW 24 WAY
BOCA RATON, FL 33431 US

FEI Number: 59-2202035

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KWAL, GAIL RUBIN
4090 NW 24 WAY
BOCA RATON, FL 33431 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 KWAL, GAIL RUBIN MD
Address 4090 NW 24 WAY
City-State-Zip: BOCA RATON FL 33431

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: GAIL RUBIN KWAL

PRES

01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date