

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G76696

**Entity Name:** MEDICAL ASSOCIATES OF TAMARAC, P.A.

**Current Principal Place of Business:**

7875 W. COMMERCIAL BLVD  
TAMARAC, FL 33351

**Current Mailing Address:**

7875 W. COMMERCIAL BLVD  
TAMARAC, FL 33351 US

**FEI Number: 59-2366641**

**Certificate of Status Desired: Yes**

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

HAFFIZULLA, EVEROLD E.  
7875 W. COMMERCIAL BLVD  
TAMARAC, FL 33351 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 HAFFIZULLA, EVEROLD E.  
Address 7875 W. COMMERCIAL BLVD  
City-State-Zip: TAMARAC FL 33351

Title VP  
Name HAFFIZULLA, JASON M.  
Address 7875 W. COMMERCIAL BLVD  
City-State-Zip: TAMARAC FL 33351

Title ST  
Name HAFFIZULLA, ANGELA  
Address 7875 W. COMMERCIAL BLVD  
City-State-Zip: TAMARAC FL 33351

Title ASST. SECRETARY, ASST. TREASURER  
Name CHAI, KRISTIN DIANNE  
Address 7875 W. COMMERCIAL BLVD  
City-State-Zip: TAMARAC FL 33351

*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: ANGELA HAFFIZULLA**

**ST**

**01/16/2021**

Electronic Signature of Signing Officer/Director Detail

Date