

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J67423

**Entity Name:** JON FRANKEL, M.D., P.A.

**Current Principal Place of Business:**

5130 S POINTE DRIVE  
INVERNESS, FL 34450

**Current Mailing Address:**

5130 S POINTE DRIVE  
INVERNESS, FL 34450 US

**FEI Number:** 59-2775377

**Certificate of Status Desired:** No

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

FRANKEL, DEBORAH O ESQ.  
5130 S POINTE DR.  
INVERNESS, FL 34450 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:** DEBORAH O. FRANKEL, ESQUIRE

03/12/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            FRANKEL, JON PMD  
Address        407B HIGHLAND BLVD.  
City-State-Zip: INVERNESS FL 34450

*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:** JON FRANKEL, M.D.

PRESIDENT

03/12/2015

Electronic Signature of Signing Officer/Director Detail

Date