

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J67423

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

Current Principal Place of Business:

407B WEST HIGHLAND BLVD.
INVERNESS, FL 34452

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 OESQ
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: _____

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 MD

PRESIDENT

01/31/2013

Electronic Signature of Signing Officer/Director Detail

Date