## 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K62021

Entity Name: WAYNE S. MAXSON, M.D., P.A.

**Current Principal Place of Business:** 

2960 NORTH STATE ROAD 7

#300

MARGATE, FL 33063

## **Current Mailing Address:**

2960 NORTH STATE ROAD 7 #300 MARGATE, FL 33063 US

FEI Number: 62-1392757 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

FISCHLER, MICHAEL A. ESQ. 1000 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33316 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: MICHAEL A. FISCHLER, ESQ. 04/29/2019

Electronic Signature of Registered Agent

Date

FILED Apr 29, 2019

**Secretary of State** 

2641612572CC

## Officer/Director Detail:

Title DIRECTOR, PRESIDENT,

SECRETARY, TREASURER

Name MAXSON, WAYNE S.

Address 2960 NORTH STATE ROAD 7 #300

City-State-Zip: MARGATE FL 33063

SIGNATURE: WAYNE S. MAXSON

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.

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/29/2019

Date