

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L05962

Entity Name: MEDICAL ASSOCIATES OF DELRAY, P.A.**Current Principal Place of Business:**13590 JOG ROAD
SUITE 4/5
DELRAY BEACH, FL 33446**Current Mailing Address:**13590 JOG ROAD
SUITE 4/5
DELRAY BEACH, FL 33446**FEI Number:** 65-0128260**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GOMER, ALAN M
13590 JOG ROAD SUITE 4-5
DELRAY BEACH, FL 33496 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	PRESIDENT
Name	CONDE, JOSE L M.D.
Address	13590 JOG ROAD SUITE 4/5
City-State-Zip:	DELRAY BEACH FL 33446

Title	VP
Name	GOMER, ALAN M M.D.
Address	13590 JOG ROAD SUITE 4/5
City-State-Zip:	DELRAY BEACH FL 33446

Title	TREASURER
Name	COHEN, MICHELLE D M.D.
Address	13590 JOG ROAD SUITE 4/5
City-State-Zip:	DELRAY BEACH FL 33446

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: JOSE CONDE

PRESIDENT

03/02/2020

Electronic Signature of Signing Officer/Director Detail_____
Date