

2015 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: No

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 DP
Name ZUKERBERG, BRUCE
Address 13590 JOG ROAD SUITE 4/5
City-State-Zip: DELRAY BEACH FL 33446

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

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

Title VP
Name CONDE, JOSE L
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: ALAN GOMER, M.D.

REG. AGENT

01/07/2015

Electronic Signature of Signing Officer/Director Detail

Date