

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000114329

**Entity Name:** SHLOMO PASCAL, M.D., P.A.

**Current Principal Place of Business:**

1711 NW 123 AVENUE  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

1711 NW 123 AVENUE  
PEMBROKE PINES, FL 33026

**FEI Number:** 65-1154043

**Certificate of Status Desired:** No

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

PASCAL, SHLOMO MD  
1711 NW 123 AVENUE  
PEMBROKE PINES, FL 33026 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 MD  
Name PASCAL, SHLOMO MD  
Address 1711 NW 123 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33026

*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:** SHLOMO PASCAL MD

**OWNER**

**01/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date