

2015 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

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date