## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045568

Entity Name: DANIEL A. PICARD, M.D., P.A.

**Current Principal Place of Business:** 

BETHESDA MEMORIAL HOSPITAL BOYNTON BEACH. FL 33482

**Current Mailing Address:** 

P.O. BOX 7120

DELRAY BEACH, FL 33482

FEI Number: 61-1448083 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PICARD, DANIEL A. DR. BETHESDA MEMORIAL HOSPITAL BOYNTON BEACH, FL 33482 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: DANIEL A PICARD 04/05/2015

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PD

Name PICARD, DANIEL A
Address P.O. BOX 7120

City-State-Zip: DELRAY BEACH FL 33482

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.

**PRES** 

SIGNATURE: DANIEL A PICARD

FILED Apr 05, 2015

**Secretary of State** 

CC1974276050

Date