

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000080278

Entity Name: EDIT TOLNAI, M.D., P.A.

Current Principal Place of Business:

505 VIA TOLEDO
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

505 VIA TOLEDO
PALM BEACH GARDENS, FL 33418 US

FEI Number: 20-1140984

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOLNAI, EDIT
505 VIA TOLEDO
PALM BEACH GARDENS, FL 33418 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 P
Name TOLNAI, EDIT M.D.
Address 505 VIA TOLEDO
City-State-Zip: PALM BEACH GARDENS FL 33418

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: EDIT TOLNAI

OWNER

04/06/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date