

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000137529

Entity Name: DANIEL C. LAVENE, M.D., P.A.

Current Principal Place of Business:

305 ALLISON AVE.
LONGWOOD, FL 32750

Current Mailing Address:

305 ALLISON AVE.
LONGWOOD, FL 32750 US

FEI Number: 20-1705831

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAVENE, DANIEL C
305 ALLISON AVE.
LONGWOOD, FL 32750 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	PRES	Title	V.P.
Name	LAVENE, DANIEL CM.D.	Name	LAVENE, JAN L
Address	305 ALLISON AVE.	Address	305 ALLISON AVE.
City-State-Zip:	LONGWOOD FL 32750	City-State-Zip:	LONGWOOD FL 32750

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: DANIEL C. LAVENE, M.D.

PRESIDENT

04/03/2019

Electronic Signature of Signing Officer/Director Detail

Date