

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000070965

**Entity Name:** EVELYN SEGALL, P.A.

**Current Principal Place of Business:**

4477 FOX RIDGE DRIVE  
WESTON, FL 33331

**Current Mailing Address:**

4477 FOX RIDGE DRIVE  
WESTON, FL 33331

**FEI Number: 20-2881022**

**Certificate of Status Desired: No**

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

SEGALL, EVELYN  
4477 FOX RIDGE DRIVE  
WESTON, FL 33331 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	PD	Title	VD
Name	SEGALL, EVELYN	Name	SEGALL, ARIEL
Address	4477 FOX RIDGE DRIVE	Address	4477 FOX RIDGE DRIVE
City-State-Zip:	WESTON FL 33331	City-State-Zip:	WESTON FL 33331

*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: ARIEL SEGALL**

**VD**

**04/27/2017**

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

\_\_\_\_\_  
Date