

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000112452

Entity Name: ZORAN MURKO, M.D., P.A.

Current Principal Place of Business:

21301 POWERLINE ROAD
SUITE # 302
BOCA RATON, FL 33433

Current Mailing Address:

21301 POWERLINE ROAD
SUITE # 302
BOCA RATON, FL 33433 US

FEI Number: 20-3327365

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MURKO, ZORAN M.D.
21301 POWERLINE ROAD
SUITE # 302
BOCA RATON, FL 33433 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 PSTD
Name MURKO, ZORAN M.D.
Address 21301 POWERLINE ROAD
SUITE # 302
City-State-Zip: BOCA RATON FL 33433

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: ZORAN MURKO,M.D.

PSTD

01/26/2014

Electronic Signature of Signing Officer/Director Detail

Date