

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000082966

**Entity Name:** ANDREW NORKIN D.M.D., M.D., PA

**Current Principal Place of Business:**

2499 GLADES ROAD  
#309  
BOCA RATON, FL 33496

**Current Mailing Address:**

17858 LAKE AZURE WAY  
BOCA RATON, FL 33496 US

**FEI Number:** 20-5135937

**Certificate of Status Desired:** No

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

NORKIN, ANDREW  
17858 LAKE AZURE WAY  
BOCA RATON, FL 33496 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 DR.  
Name NORKIN, ANDREW  
Address 17858 LAKE AZURE WAY  
City-State-Zip: BOCA RATON FL 33496

*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: ANDREW NORKIN

OWNER

02/23/2015

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

\_\_\_\_\_ Date