

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000124556

**Entity Name:** PEDIATRIC HOSPITALISTS OF SOUTH FLORIDA, P.A.

**Current Principal Place of Business:**

1117 EAST HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009

**Current Mailing Address:**

1117 EAST HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009

**FEI Number:** 16-1774386

**Certificate of Status Desired:** No

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

GREISSMAN, ALLAN  
500 SE 7TH ST  
APT 105  
FORT LAUDERDALE, FL 33301 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                            | Title           | S                  |
| Name            | GREISSMAN, ALLAN             | Name            | LAVANDOSKY, GERALD |
| Address         | 1117 E HALLANDALE BEACH BLVD | Address         | 3501 JOHNSON ST    |
| City-State-Zip: | HALLANDALE FL 33009          | City-State-Zip: | HOLLYWOOD FL 33021 |

*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:** ALLAN GREISSMAN

**PRESIDENT**

**01/14/2015**

Electronic Signature of Signing Officer/Director Detail

Date