

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000131633

Entity Name: DR. JOAN LYN, FAMILY MEDICINE P.A.

Current Principal Place of Business:

17 NW 168TH STREET
NORTH MIAMI BEACH, FL 33169

Current Mailing Address:

6488 SW 25TH STREET
MIRAMAR, FL 33023

FEI Number: 56-2616004

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LYN, PAUL R
6488 SW 25TH STREET
MIRAMAR, FL 33023 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: PAUL LYN

02/14/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DR.	Title	OFFICE MANAGER
Name	LYN, JOAN Y	Name	LYN, PAULA NICHOLE
Address	6488 SW 25TH STREET	Address	17 NW 168TH STREET
City-State-Zip:	MIRAMAR FL 33023	City-State-Zip:	NORTH MIAMI BEACH FL 33169

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: JOAN LYN

DR

02/14/2018

Electronic Signature of Signing Officer/Director Detail

Date