

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000004733

**Entity Name:** ANJAN GHOSH, M.D., P.A.

**Current Principal Place of Business:**

15710 NW 10TH STREET  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

15710 NW 10TH STREET  
PEMBROKE PINES, FL 33028 US

**FEI Number:** 26-1740104

**Certificate of Status Desired:** No

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

GHOSH, ANJAN KMD  
15710 NW 10TH STREET  
PEMBROKE PINES, FL 33028 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  
Name GHOSH, ANJAN KMD  
Address 15710 NW 10TH STREET  
City-State-Zip: PEMBROKE PINES FL 33028

Title SEC  
Name GHOSH, ANJAN KMD  
Address 15710 NW 10TH STREET  
City-State-Zip: PEMBROKE PINES FL 33028

*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:** ANJAN GHOSH,MD

**PRESIDENT**

**03/04/2023**

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

\_\_\_\_\_  
Date