## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000061722

Entity Name: JACOBO ELGOZY, M.D., P.A.

**Current Principal Place of Business:** 

2350 N UNIVERSITY DR #840736

2350 N UNIVERSITY DR #840736 PEMBROKE PINES. FL 33024

**Current Mailing Address:** 

PO BOX 840736

PEMBROKE PINES. FL 33024 US

FEI Number: 26-2873038 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELGOZY, JACOBO DR. 2350 N UNIVERSITY DR #840736 PEMBROKE PINES, FL 33024 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

FILED Mar 31, 2024

**Secretary of State** 

2328176751CC

Officer/Director Detail:

Title PRESIDENT Title VP

NameELGOZY, JACOBO DR.NameELGOZY, RACHELAddressPO BOX 840736AddressPO BOX 840736

City-State-Zip: PEMBROKE PINES FL 33024 City-State-Zip: PEMBROKE PINES FL 33024

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.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: JACOBO ELGOZY

**PRESIDENT** 

03/31/2024

Date