

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000063964

**Entity Name:** CARLOS SATULOVSKY, M.D., P.A.

**Current Principal Place of Business:**

300 DIPLOMAT PARKWAY  
APT 301  
HALLANDALE, FL 33009

**Current Mailing Address:**

300 DIPLOMAT PARKWAY  
APT 301  
HALLANDALE, FL 33009 US

**FEI Number:** 20-5822850

**Certificate of Status Desired:** No

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

SATULOVSKY, CARLOS M.D.  
300 DIPLOMAT PARKWAY  
APT 301  
HALLANDALE, FL 33009 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            D  
Name            SATULOVSKY, CARLOS M.D.  
Address        300 DIPLOMAT PARKWAY  
                  APT 301  
City-State-Zip: HALLANDALE FL 33009

*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:** CARLOS SATULOVSKY

**PRESIDENT**

**01/13/2018**

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

\_\_\_\_\_  
Date