

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000093138

Entity Name: LUCILLE BELNICK, M.D., P.A.

Current Principal Place of Business:

5558 LAKE HOWELL ROAD
WINTER PARK, FL 32792

Current Mailing Address:

5558 LAKE HOWELL ROAD
WINTER PARK, FL 32792 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OKUN, JOAN SESQ.
1905 BELFORD CT.
MAITLAND, FL 32751 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 O
Name BELNICK, LUCILLE M.D.
Address 5558 LAKE HOWELL ROAD
City-State-Zip: WINTER PARK FL 32792

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: LUCILLE BELNICK, M.D.

PHYSICIAN

01/31/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date