

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000039931

Entity Name: LISSETTE SELEM, M.D., P.A.

Current Principal Place of Business:

922 NORTH KROME AVENUE
HOMESTEAD, FL 33030

Current Mailing Address:

1200 LEEWARD WAY
WESTON, FL 33327

FEI Number: 27-2565631

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SELEM, LISSETTE
1200 LEEWARD WAY
WESTON, FL 33327 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 PRESIDENT
Name SELEM, LISSETTE
Address 922 NORTH KROME AVENUE
City-State-Zip: HOMESTEAD FL 33030

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: LISSETTE SELEM

MD

01/14/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date