

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000015596

Entity Name: DOLPHIN PEDIATRICS, P.A.**Current Principal Place of Business:**9850 STIRLING ROAD, SUITE 103
COOPER CITY, FL 33024**Current Mailing Address:**9850 STIRLING ROAD, SUITE 103
COOPER CITY, FL 33024 US**FEI Number:** 45-1538329**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BW&T BUSINESS ADVISERS, INC.
3600 RED ROAD
SUITE # 301
MIRAMAR, FL 33025 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	DTR	Title	DTR
Name	SUAREZ_TROCCOLI, MIRELLA	Name	TROCCOLI, JESUS
Address	1103 N. W 132 AVE.	Address	1103 N. W 132 AVE.
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323

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: JESUS TROCCOLI

DTR

03/02/2023

Electronic Signature of Signing Officer/Director Detail_____
Date