

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000073295

Entity Name: CAROLYN J. AGRESTI, M.D. EAR, NOSE AND THROAT, INC.

Current Principal Place of Business:

205 WORTH AVENUE, SUITE 307 E
PALM BEACH, FL 33480

Current Mailing Address:

P.O. BOX 2201
PALM BEACH, FL 33480

FEI Number: 47-1787456

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AGRESTI, CAROLYN J
205 WORTH AVENUE, SUITE 307 E
PALM BEACH, FL 33480 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 AGRESTI, CAROLYN J M.D.
Address P.O. BOX 2201
City-State-Zip: PALM BEACH FL 33480

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: CAROLYN J AGRESTI MD

OWNER

01/13/2020

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date