

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000085579

Entity Name: CEREBRAL MEDICAL GROUP, P.A.**Current Principal Place of Business:**1314 E LAS OLAS BLVD., UNIT #1618
FORT LAUDERDALE, FL 33301**Current Mailing Address:**1314 E LAS OLAS BLVD., UNIT #1618
FORT LAUDERDALE, FL 33301 US**FEI Number:** 85-3753458**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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	ZALZALA, SAJAD DR.
Address	1314 E LAS OLAS BLVD., UNIT #1618
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	TREASURER
Name	MUSE, JESSICA
Address	1314 E LAS OLAS BLVD., UNIT #1618
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	SECRETARY
Name	BRANDIS, MICHAEL
Address	1314 E LAS OLAS BLVD., UNIT #1618
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	DIRECTOR
Name	ZALZALA, SAJAD DR.
Address	1314 E LAS OLAS BLVD., UNIT #1618
City-State-Zip:	FORT LAUDERDALE FL 33301

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: MICHAEL BRANDIS**SECRETARY****02/01/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date