

**2026 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P25000065979

**Entity Name:** SF MEDICAL SERVICES P.A.

**Current Principal Place of Business:**

5630 BROOKFIELD CIRCLE EAST  
HOLLYWOOD, FL 33312

**Current Mailing Address:**

5630 BROOKFIELD CIRCLE EAST  
HOLLYWOOD, FL 33312 US

**FEI Number: 41-3100346**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FENSTERSZAUB, SIMON  
5630 BROOKFIELD CIRCLE EAST  
HOLLYWOOD, FL 33312 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            FENSTERSZAUB, SIMON  
Address        5630 BROOKFIELD CIRCLE EAST  
City-State-Zip: HOLLYWOOD FL 33312

*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: SIMON FENSTERSZAUB**

**D**

**02/26/2026**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date