

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000006564

**Entity Name:** MICHAEL A. SIMON, D.M.D., P.A.

**Current Principal Place of Business:**

2500 E. HALLANDALE BEACH BLVD.  
SUITE 700  
HALLANDALE, FL 33009

**Current Mailing Address:**

2500 E. HALLANDALE BEACH BLVD.  
SUITE 700  
HALLANDALE, FL 33009

**FEI Number:** 65-0377680

**Certificate of Status Desired:** No

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

SIMON, MICHAEL ADMD  
2500 E. HALLANDALE BEACH BLVD.  
700  
HALLANDALE, FL 33009 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 DR  
Name SIMON, MICHAEL A  
Address 2500 E. HALLANDALE BEACH BLVD.  
City-State-Zip: HALLANDALE FL 33009

*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 SIMON

**PRESIDENT**

**01/09/2017**

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

\_\_\_\_\_  
Date