

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000038423

**Entity Name:** CATHERINE D POPKIN MD PA

**Current Principal Place of Business:**

601 N FLAMINGO RD  
SUITE 309  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

601 N FLAMINGO RD  
SUITE 309  
PEMBROKE PINES, FL 33028 US

**FEI Number:** 65-0412369

**Certificate of Status Desired:** No

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

POPKIN, CATHERINE D  
601 N FLAMINGO RD  
SUITE 309  
PEMBROKE PINES, FL 33028 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            POPKIN, CATHERINE D  
Address        601 N FLAMINGO RD SUITE 309  
City-State-Zip: PEMBROKE PINES FL 33028

*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:** CATHERINE POPKIN

**OFFICER/DIRECTOR**

**01/15/2015**

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

\_\_\_\_\_  
Date