

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000026564

**Entity Name:** FLOYD E. SESKIN, M.D., P.A.

**Current Principal Place of Business:**

21097 NE 27 CT  
SUITE 101  
AVENTURA, FL 33180

**Current Mailing Address:**

1921 NE 188TH STREET  
NORTH MIAMI BEACH, FL 33179 US

**FEI Number:** 65-0478330

**Certificate of Status Desired:** No

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

SESKIN, FLOYD E  
1921 NE 188TH ST  
NORTH MIAMI BEACH, FL 33179 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	P	Title	V
Name	SESKIN, FLOYD E	Name	SESKIN, JACCI
Address	21097 NE 27 CT STE 101	Address	21097 NE 27 CT STE 101
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180

*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:** FLOYD E SESKIN

**PRES**

**04/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date