

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000068365

**Entity Name:** JEFFREY SKLAR, M.D., P.A.

**Current Principal Place of Business:**

2650 SOUTH MCCALL RD  
ENGLEWOOD, FL 34224

**Current Mailing Address:**

2650 SOUTH MCCALL  
ENGLEWOOD, FL 34224 US

**FEI Number:** 65-0520776

**Certificate of Status Desired:** No

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

SKLAR, JEFFREY  
2650 SOUTH MCCALL RD  
ENGLEWOOD, FL 34224 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            SKLAR, JEFFREY  
Address        2650 S MCCALL RD  
City-State-Zip: ENGLEWOOD FL

*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:** JEFFREY SKLAR

PHYSICIAN/OWNER

02/12/2016

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

\_\_\_\_\_ Date