

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000072128

**Entity Name:** CAROL A. HORKOWITZ, D.M.D., P.A.

**Current Principal Place of Business:**

11050 N KENDALL DR  
SUITE 104  
MIAMI, FL 33176

**Current Mailing Address:**

11050 N KENDALL DR  
SUITE 104  
MIAMI, FL 33176 US

**FEI Number:** 65-0534241

**Certificate of Status Desired:** No

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

HORKOWITZ, CAROL A  
8325 SW 63RD PLACE  
MIAMI, FL 33143 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	SECT
Name	HORKOWITZ, CAROL A.	Name	TSAOUSSIS, CONSTANTINE
Address	8325 SW 63 PLACE	Address	8325 SW 63 PLACE
City-State-Zip:	MIAMI FL 33143	City-State-Zip:	MIAMI FL 33143

*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:** HORKOWITZ, CAROL A.

**PRESIDENT**

**04/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date