

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000086514

**Entity Name:** ALAN Z. MARKOWITZ D.M.D. P.A.

**Current Principal Place of Business:**

9325 GLADES ROAD  
SUITE 102  
BOCA RATON, FL 33434

**Current Mailing Address:**

9325 GLADES ROAD  
SUITE 102  
BOCA RATON, FL 33434 US

**FEI Number:** 65-0707255

**Certificate of Status Desired:** No

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

MARKOWITZ, ALAN Z  
9325 GLADES ROAD  
SUITE 102  
BOCA RATON, FL 33434 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 DMDP  
Name MARKOWITZ, ALAN Z  
Address 9325 GLADES ROAD , SUITE 102  
City-State-Zip: BOCA RATON FL 33434

Title ADMI  
Name MARKOWITZ, CHELY  
Address 9325 GLADES ROAD, SUITE 102  
City-State-Zip: BOCA RATON FL 33434

Title MGR  
Name MARKOWITZ, NATALI  
Address 9325 GLADES RD  
102  
City-State-Zip: BOCA RATON FL 33434

Title MGR  
Name MARKOWITZ, JAKE  
Address 9325 GLADES RD  
102  
City-State-Zip: BOCA RATON FL 33434

*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:** CHELY MARKOWITZ

ADMIN

03/22/2022

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

\_\_\_\_\_  
Date