

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000055073

Entity Name: DAVID M. KARP, M.D., P.A.**Current Principal Place of Business:**1508 SHELBURNE LANE
SARASOTA, FL 34231**Current Mailing Address:**1508 SHELBURNE LANE
SARASOTA, FL 34231 US**FEI Number:** 65-0596777**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KARP, DAVID M
1508 SHELBURNE LANE
SARASOTA, FL 34231 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
Name	KARP, DAVID M
Address	1508 SHELBURNE LANE
City-State-Zip:	SARASOTA FL 34231

Title	P
Name	KARP, DAVID
Address	1508 SHELBURNE LANE
City-State-Zip:	SARASOTA FL 34231

Title	P
Name	KARPDVID KARP, DAVID
Address	1508 SHELBURNE LANE
City-State-Zip:	SARASOTA FL 34231

Title	P
Name	KARP, DAVID
Address	1508 SHELBURNE LANE
City-State-Zip:	SARASOTA FL 34231

Title	P
Name	KARP, DAVID
Address	1508 SHELBURNE LANE
City-State-Zip:	SARASOTA FL 34231

Title	P
Name	KARP, DAVID
Address	1508 SHELBURNE LANE
City-State-Zip:	SARASOTA FL 34231

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: DAVID KARP**PRESIDENT****02/05/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date