

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000096642

**Entity Name:** PAMELA STEARNS, M.D., P.A.

**Current Principal Place of Business:**

601 NW 179TH AVE  
SUITE 102  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

601 NW 179TH AVE  
SUITE 102  
PEMBROKE PINES, FL 33029 US

**FEI Number:** 65-0788073

**Certificate of Status Desired:** No

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

STEARNS, PAMELA  
19000 S.W. 51 MANOR  
SOUTHWEST RANCHES, FL 33332 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	Title	VP
Name	STEARNS, PAMELA	Name	STEARNS, JOSEPH A
Address	19000 S.W. 51 MANOR	Address	19000 S.W. 51 MANOR
City-State-Zip:	SOUTHWEST RANCHES FL 33332	City-State-Zip:	SOUTHWEST RANCHES FL 33332

*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:** PAMELA STEARNS

D

03/26/2019

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

\_\_\_\_\_  
Date