

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043989

Entity Name: SALVATORE SENZATIMORE, JR., M.D., P.A.

Current Principal Place of Business:

1117 NORTH OLIVE AVE
STE 203
WEST PALM BEACH, FL 33401

Current Mailing Address:

1117 NORTH OLIVE AVE
STE 203
WEST PALM BEACH, FL 33401

FEI Number: 65-0833099

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SENZATIMORE, SALVATORE
1117 NORTH OLIVE AVE
STE 203
WEST PALM BEACH, FL 33407 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 VP.
Name SENZATIMORE, JR., SALVATORE M.D.
Address 1117 N. OLIVE AVE - SUITE 203
City-State-Zip: WEST PALM BEACH FL 33401

Title P
Name WENGER, JEFFREY SM.D.
Address 1117 N. OLIVE AVE - SUITE 203
City-State-Zip: WEST PALM BEACH FL 33401

Title TS
Name NEIMARK, SIDNEY M.D.
Address 1117 N. OLIVE AVE - SUITE 203
City-State-Zip: WEST PALM BEACH FL 33401

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: SALVATORE SENZATIMORE, JR. M.D.

VP

01/15/2015

Electronic Signature of Signing Officer/Director Detail

Date