

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000015793

**Entity Name:** ZORAN POTPARIC, M.D., P.A.

**Current Principal Place of Business:**

1116 E BROWARD BLVD  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

1116 E BROWARD BLVD  
FORT LAUDERDALE, FL 33301

**FEI Number:** 65-0889915

**Certificate of Status Desired:** No

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

POTPARIC, ZORAN M.D.  
1116 E BROWARD BLVD  
FORT LAUDERDALE, FL 33301 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 MD  
Name POTPARIC, ZORAN M.D.  
Address 1116 E BROWARD BLVD  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** POTPARIC , ZORAN , M.D.

**PRESIDENT**

**04/24/2019**

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

\_\_\_\_\_  
Date