

2014 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: ZORAN POTPARIC MD

MD

04/28/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date