

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000045916

Entity Name: ARNOLD FALCHOOK, M.D., P.A.

Current Principal Place of Business:

1050 NW 15TH ST.
SUITE 106A
BOCA RATON, FL 33486

Current Mailing Address:

1050 NW 15TH ST.
SUITE 106A
BOCA RATON, FL 33486

FEI Number: 65-0928195

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POMERANCE, ROGER MP.A.
1900 N.W. CORPORATE BLVD., STE. 201E
BOCA RATON, FL 33431 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 DR.
Name FALCHOOK, ARNOLD M.D.
Address 1050 NW 15TH ST., STE. 106A
City-State-Zip: BOCA RATON FL 33486

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: ARNOLD FALCHOOK, MD

PRESIDENT

01/29/2014

Electronic Signature of Signing Officer/Director Detail

Date