

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000067502

**Entity Name:** ARNON KRONGRAD, M.D., P.A.

**Current Principal Place of Business:**

20900 NE 30 AVE.  
SUITE 207  
AVENTURA, FL 33180

**Current Mailing Address:**

20900 NE 30 AVE.  
SUITE 207  
AVENTURA, FL 33180

**FEI Number:** 65-0942963

**Certificate of Status Desired:** No

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

KRONGRAD, ARNON  
12499 KEYSTONE ROAD  
NORTH MIAMI, FL 33181 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 KRONGRAD, ARNON  
Address 12499 KEYSTONE ROAD  
City-State-Zip: NORTH MIAMI FL 33181

*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:** ARNON KRONGRAD

**OFFICER**

**05/23/2016**

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

\_\_\_\_\_  
Date