

2013 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, MD

MANAGER

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date