

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S75163

**Entity Name:** ISRAEL WINIKOR, D.M.D., P.A.

**Current Principal Place of Business:**

6424 NW 85TH TERRACE  
GAINESVILLE, FL 32653

**Current Mailing Address:**

6424 NW 85TH TERRACE  
GAINESVILLE, FL 32653 US

**FEI Number:** 59-3075952

**Certificate of Status Desired:** No

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

ISRAEL WINIKOR  
6424 NW 85TH TERRACE  
GAINESVILLE, FL 32653 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 ISRAEL WINIKOR  
Address 6424 NW 85TH TERRACE  
City-State-Zip: GAINESVILLE FL 32653

Title OFFICER  
Name WINIKOR, NANCY CASSIN  
Address 6424 NW 85TH TERRACE  
City-State-Zip: GAINESVILLE FL 32653

*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:** ISRAEL WINIKOR

**PRESIDENT**

**02/02/2019**

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

\_\_\_\_\_  
Date