

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V00259

Entity Name: EREL LAUFER, M.D., P.A.**Current Principal Place of Business:**3129 ALTERNATE 19
DUNEDIN, FL 34698**Current Mailing Address:**3129 ALTERNATE 19
DUNEDIN, FL 34698 US**FEI Number:** 59-3099339**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAUFER, EREL MD
3129 ALTERNATE 19
DUNEDIN, FL 34698 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	LAUFER, EREL
Address	3129 ALTERNATE 19
City-State-Zip:	DUNEDIN FL 34698

Title	S
Name	LAUFER, SALLY A.
Address	1800 COUNTRY LANE
City-State-Zip:	PALM HARBOR FL

Title	OFFICE MANAGER
Name	SMITH, ANITA MARIE
Address	3129 ALTERNATE 19
City-State-Zip:	DUNEDIN FL 34698

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: ANITA SMITH

MANAGER

02/10/2021

Electronic Signature of Signing Officer/Director Detail_____
Date