# 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.

PRESIDENT

SIGNATURE: STEVEN SELUB

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# V71855

Entity Name: STEVEN E. SELUB, M.D., PA

## **Current Principal Place of Business:**

2300 N. COMMERCE PARKWAY SUITE 313 WESTON, FL 33326

## **Current Mailing Address:**

13700 STIRLING ROAD SOUTHWEST RANCHES, FL 33330 US

## FEI Number: 65-0345161

## Name and Address of Current Registered Agent:

HECHTMAN, BARRY I. 8900 S.W. 107TH AVENUE MIAMI, FL 33176-1451 US

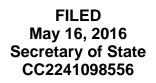
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

## SIGNATURE:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	PVS	Title	TD
Name	SELUB, STEVEN E.	Name	SELUB, STEVEN E.
Address	13700 STIRLING ROAD	Address	13700 STIRLING ROAD
City-State-Zip:	FT LAUDERDALE FL	City-State-Zip:	FT LAUDERDALE FL



Certificate of Status Desired: No

05/16/2016 Date

Date