

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V73345

**Entity Name:** LEONARD J. HOENIG, M.D., P.A.

**Current Principal Place of Business:**

LEONARD J HOENIG,M.D., P.A.  
601 N FLAMINGO RD. SUITE 201  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

LEONARD J HOENIG,M.D., P.A.  
601 N FLAMINGO RD. SUITE 201  
PEMBROKE PINES, FL 33028 US

**FEI Number:** 65-0366097

**Certificate of Status Desired:** No

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

HOENIG, LEONARD J M.D.  
601 N FLAMINGO RD  
201  
PEMBROKE PINES, FL 33028 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:** LEONARD J. HOENIG,M.D.

**03/27/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name HOENIG, LEONARD J M.D.  
Address 601 N FLAMINGO ROAD  
SUITE 201  
City-State-Zip: PEMBROKE PINES FL 33028

*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:** LEONARD J. HOENIG,M.D.

**PRESIDENT**

**03/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date