

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604794

Entity Name: ANGELO M. ALVES M.D., P.A.

Current Principal Place of Business:

5880 49 ST. NORTH SUITE 108
ST. PETERSBURG, FL 33709

Current Mailing Address:

5880 49 ST. NORTH SUITE 108
ST. PETERSBURG, FL 33709

FEI Number: 59-1488950

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALVES (ANGELO M.) M.D.
5880 49TH ST. NO. SUITE 108
ST. PETERSBURG, FL 33709 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 PD
Name ALVES, ANGELO
Address 5880 49TH ST N.
City-State-Zip: ST PETERSBURG FL

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: ANGELO M ALVES ,MD

PD

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date