

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 660862

**Entity Name:** JOSE FONT,M.D., P.A.

**Current Principal Place of Business:**

7100 W. 20TH AVE.,SUITE 806  
SUITE 806  
HIALEAH, FL 33016

**Current Mailing Address:**

7100 W. 20TH AVE.,SUITE 806  
SUITE 806  
HIALEAH, FL 33016

**FEI Number:** 59-1983983

**Certificate of Status Desired:** No

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

FONT, JOSE, M.D.  
7100 W. 20TH AVE., STE. 806  
SUITE 806  
HIALEAH, FL 33016 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 FONT, DR. JOSE  
Address 7100 W. 20TH AVE. #806  
City-State-Zip: HIALEAH FL 33016

*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:** JOSE F FONT

PD

03/18/2015

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

\_\_\_\_\_  
Date