

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 698240

**Entity Name:** BARRY A. REED, M.D., P.A.

**Current Principal Place of Business:**

7000 SW 97 AVENUE  
#207  
MIAMI, FL 33173

**Current Mailing Address:**

12245 SW 64 AVE  
MIAMI, FL 33156

**FEI Number:** 59-2117363

**Certificate of Status Desired:** No

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

REED, BARRY A  
12245 SW 64 AVENUE  
MIAMI, FL 33156 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 PSD  
Name REED, BARRY A  
Address 12245 SW 64 AVENUE  
City-State-Zip: MIAMI FL 33156

*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:** JILL REED

OFFICE MANAGER

02/23/2016

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

\_\_\_\_\_ Date