

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08058

**Entity Name:** CARLOS A. ZAPATA M.D., P.A.

**Current Principal Place of Business:**

2173 CENTERVILLE PLACE, SUITE B  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2173 CENTERVILLE PLACE SUITE B  
TALLAHASSEE, FL 32308

**FEI Number:** 59-2033933

**Certificate of Status Desired:** No

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

CARLOS A ZAPATA,MD  
2173 CENTERVILLE PLACE SUITE B  
TALLAHASSEE, FL 32308 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           PTD  
Name           ZAPATA, CARLOS A  
Address        2173 CENTERVILLE PLACE STE B  
City-State-Zip: TALLAHASSEE FL 32308

*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:** JOE SANDERS

**REPRESENTATIVE**

**02/07/2019**

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

\_\_\_\_\_ Date