

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L39734

**Entity Name:** ALVARO G. MANOTAS, M.D.,PA

**Current Principal Place of Business:**

817 S. UNIVERSITY DR.  
#120  
PLANTATION, FL 33324

**Current Mailing Address:**

817 S. UNIVERSITY DR.  
#120  
PLANTATION, FL 33324 US

**FEI Number:** 65-0166645

**Certificate of Status Desired:** No

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

MANOTAS, CAMILA  
817 S. UNIVERSITY DR., SUITE 120  
PLANTATION, FL 33324 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	Title	ST
Name	MANOTAS, ALVARO G	Name	MANOTAS, CAMILA
Address	1330 NW 79TH AVE	Address	1330 NW 79TH AVE
City-State-Zip:	PLANTATION FL 33324	City-State-Zip:	PLANTATION 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:** ALVARO G MANOTAS MD

**MD/PRESIDENT**

**02/10/2016**

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

\_\_\_\_\_  
Date