

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000066301

**Entity Name:** ALICE R. BARBA, M.D., P.A.

**Current Principal Place of Business:**

4770 BISCAYNE BLVD #1140  
MIAMI, FL 33137

**Current Mailing Address:**

4770 BISCAYNE BLVD #1140  
MIAMI, FL 33137

**FEI Number:** 65-1119078

**Certificate of Status Desired:** No

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

BARBA, ALICE RMD  
4770 BISCAYNE BOULEVARD #1140  
MIAMI, FL 33137 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 DR.  
Name BARBA, ALICE R  
Address 877 NE 73RD STREET  
City-State-Zip: MIAMI FL 33138

*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:** ALICE BARBA

**PRESIDENT**

**01/21/2016**

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

\_\_\_\_\_  
Date