

2017 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

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01/23/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date