

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000060933

**Entity Name:** ADRIAN DEL BOCA, M.D., P.A.

**Current Principal Place of Business:**

8940 N. KENDALL DR.  
SUITE 804-E  
MIAMI, FL 33176

**Current Mailing Address:**

8940 N. KENDALL DR.  
SUITE 804-E  
MIAMI, FL 33176

**FEI Number:** 03-0449919

**Certificate of Status Desired:** No

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

DEL BOCA, ADRIAN MD  
18745 SW 78 COURT  
CUTTLER BAY, FL 33157 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 P  
Name DEL BOCA, ADRIAN M.D.  
Address 18745 SW 78 COURT  
City-State-Zip: CUTTLER BAY FL 33157

*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:** ADRIAN DEL BOCA

**OWNER**

**03/11/2019**

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

\_\_\_\_\_  
Date