

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000118343

**Entity Name:** F. MAURICIO TIJERINO, M.D., P.A.

**Current Principal Place of Business:**

1199 WEST FLAGLER ST #9  
SUITE #9  
MIAMI, FL 33130

**Current Mailing Address:**

1199 WEST FLAGLER ST #9  
MIAMI, FL 33130

**FEI Number:** 56-2298877

**Certificate of Status Desired:** No

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

TIJERINO, F. MAURICIO  
1199 WEST FLAGLER ST #9  
MIAMI, FL 33130 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	PVD	Title	TSD
Name	TIJERINO, F. MAURICIO	Name	TIJERINO, ADRIANA G
Address	1199 WEST FLAGLER ST #9	Address	1199 WEST FLAGLER ST #9
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130

*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:** F. MAURICIO TIJERINO, MD

PVD

06/14/2018

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

\_\_\_\_\_  
Date