

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000058082

Entity Name: MOUVIELLE CARO, M.D., P.A.

Current Principal Place of Business:

30 NW ALCOTT CIRCLE
BOCA RATON, FL 33432

Current Mailing Address:

30 NW ALCOTT CIRCLE
BOCA RATON, FL 33432 US

FEI Number: 27-0538222

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAX A. ADAMS
1400 NW 10TH AVE
PENTHOUSE 3
MIAMI, FL 33136 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 MD
Name CARO, MOUVIELLE E
Address 30 NW ALCOTT CIRCLE
City-State-Zip: BOCA RATON FL 33432

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: MOUVIELLE CARO

MD

01/22/2015

Electronic Signature of Signing Officer/Director Detail

Date