

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000061936

**Entity Name:** MARIO AGUADO MD PA

**Current Principal Place of Business:**

1800 SW 27TH AVE  
SUITE 602  
MIAMI, FL 33145

**Current Mailing Address:**

1800 SW 27TH AVE  
SUITE 602  
MIAMI, FL 33145

**FEI Number:** 27-3124896

**Certificate of Status Desired:** No

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

AGUADO, MARIO MD  
1800 SW 27TH AVE  
SUITE 602  
MIAMI, FL 33145 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 AGUADO, MARIO MD  
Address 1800 SW 27TH AVE SUITE 602  
City-State-Zip: MIAMI FL 33145

*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:** MARIO AGUADO, M.D.

**PRESIDENT**

**01/10/2015**

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

\_\_\_\_\_  
Date