

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000065890

**Entity Name:** WILJON W. BELTRE MD, PA

**Current Principal Place of Business:**

106 BOSTON AVE, SUITE 209  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

106 BOSTON AVE  
209  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 27-3519099

**Certificate of Status Desired:** No

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

BELTRE, WILJON WMD  
106 BOSTON AVE SUITE 209  
ALTAMONTE SPRINGS, FL 32701 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 BELTRE, WILJON W  
Address 3416 HOLLIDAY AVE  
City-State-Zip: APOPKA FL 32703

*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:** WILJON W. BELTRE

MD

01/10/2015

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

\_\_\_\_\_  
Date