## **2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000079723

Entity Name: CALZADA PRIMARY CARE, P.A.

**Current Principal Place of Business:** 

2261 N. UNIVERSITY DRIVE SUITE 200

PEMBROKE PINES, FL 33024-3623

**Current Mailing Address:** 

7755 NW 19 CT

PEMBROKE PINES, FL 33024

FEI Number: 45-3201302 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CALZADA, PABLO J. DR. 7755 NW 19 CT PEMBROKE PINES, FL 33024 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: DR. PABLO J. CALZADA 02/06/2013

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DR

Name CALZADA, PABLO J Address 7755 NW 19 CT

City-State-Zip: PEMBROKE PINES FL 33024

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.

Electronic Signature of Signing Officer/Director Detail

PHYSICIAN AND OWNER

FILED Feb 06, 2013

**Secretary of State** 

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