

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000079723

**Entity Name:** CALZADA PRIMARY CARE, P.A.

**Current Principal Place of Business:**

2301 N. UNIVERSITY DRIVE  
SUITE 108  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

7755 NW 19 CT  
PEMBROKE PINES, FL 33024

**FEI Number:** 45-3201302

**Certificate of Status Desired:** No

**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

03/03/2016

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.*

**SIGNATURE:** PABLO J. CALZADA, DO

PHYSICIAN AND OWNER

03/03/2016

Electronic Signature of Signing Officer/Director Detail

Date