

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000071896

Entity Name: IRIARTE PRIMARY CARE, INC.

Current Principal Place of Business:

429 NW 130 AVE
MIAMI, FL 33182

Current Mailing Address:

PO BOX 942526
MIAMI, FL 33194 US

FEI Number: 46-3605576

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

IRIARTE, MANRIQUE O
429 NW 130 AVE
MIAMI, FL 33182 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 MANRIQUE, IRIARTE O
Address PO BOX 942526
City-State-Zip: MIAMI FL 33194

Title VP
Name BARBARA, TORRES
Address PO BOX 942526
City-State-Zip: MIAMI FL 33194

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: MANRIQUE IRIARTE

PRESIDENT

04/30/2016

Electronic Signature of Signing Officer/Director Detail

Date