

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000064711

**Entity Name:** ROBERTO GUERRA MD, PA**Current Principal Place of Business:**9821 E BAY HARBOR DR  
APT 404  
BAY HARBOR ISLAND, FL 33154**Current Mailing Address:**9821 E BAY HARBOR DR  
APT 404  
BAY HARBOR ISLAND, FL 33154 US**FEI Number:** 47-4771091**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GUERRA DEL CASTILLO, ROBERTO  
9821 E BAY HARBOR DR  
APT 404  
BAY HARBOR ISLAND, FL 33154 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	PD
Name	ROBERTO GUERRA DEL CASTILLO
Address	9821 E BAY HARBOR DR APT 404
City-State-Zip:	BAY HARBOR ISLAND FL 33154

Title	PD
Name	GUERRA DEL CASTILLO, ROBERTO
Address	9821 E BAY HARBOR DR APT 404
City-State-Zip:	BAY HARBOR ISLAND FL 33154

Title	V
Name	GUERRA, RUBEN J
Address	9821 E BAY HARBOR DRIVE APT 404
City-State-Zip:	BAY HARBOR ISLAND FL 33154

Title	V
Name	GUERRA, ROBERTO J
Address	9821 E BAY HARBOR DRIVE APT 404
City-State-Zip:	BAY HARBOR ISLAND FL 33154

Title	V
Name	GUERRA, CLAUDIA
Address	9821 E BAY HARBOR DRIVE APT 404
City-State-Zip:	BAY HARBOR ISLAND FL 33154

*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:** ROBERTO GUERRA DEL CASTILLO**PRESIDENT****09/01/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date