

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000047836

**Entity Name:** DR. MICHAEL A. NOCERO, JR., MD, MACC, P.A.

**Current Principal Place of Business:**

103 SATSUMA DR.  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

103 SATSUMA DR.  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number: 82-1681628**

**Certificate of Status Desired: No**

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

FRANK SIMONE, P.A.  
701 BRICKELL AVENUE  
SUITE 1550  
MIAMI, FL 33131 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 NOCERO, MICHAEL  
Address 103 SATSUMA DR.  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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: DR. MICHAEL A. NOCERO, JR**

**PRESIDENT**

**06/26/2020**

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

\_\_\_\_\_  
Date