

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000080089

**Entity Name:** ARTHUR J. IGLESIAS, M.D. P.A.

**Current Principal Place of Business:**

10734 S.W. 97 TERRACE  
MIAMI, FL 33176

**Current Mailing Address:**

10734 S.W. 97 TERRACE  
MIAMI, FL 33176 US

**FEI Number:** 82-3024512

**Certificate of Status Desired:** No

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

GARCIA-LINARES, MANUEL A. ESQ.  
396 ALHAMBRA CIRCLE, N. TOWER, 14TH FLR.  
MIAMI, FL 33134 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 D  
Name IGLESIAS, ARTHUR J M.D.  
Address 10734 S.W. 97 TERRACE  
City-State-Zip: MIAMI FL 33176

Title V  
Name HAN, HOKE M.D.  
Address 6030 HOLLYWOOD BLVD  
SUITE 100  
City-State-Zip: HOLLYWOOD 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:** ARTHUR J IGLESIAS

**PRESIDENT**

**03/21/2023**

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

\_\_\_\_\_  
Date