

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000045640

**Entity Name:** BERNARDO PASCUAL, M.D., P.A.

**Current Principal Place of Business:**

17670 NW 78TH AVE  
211  
MIAMI, FL 33015

**Current Mailing Address:**

17670 NW 78TH AVE  
211  
MIAMI, FL 33015

**FEI Number:** 65-0428939

**Certificate of Status Desired:** No

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

PASCUAL, E. CAROLINA  
16034 N.W. 82ND COURT  
MIAMI LAKES, FL 33016 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           | TS                    | Title           | P                     |
| Name            | PASCUAL, E. CAROLINA  | Name            | PASCUAL, BERNARDO     |
| Address         | 16034 N.W. 82ND COURT | Address         | 16034 N.W. 82ND COURT |
| City-State-Zip: | MIAMI LAKES FL 33016  | City-State-Zip: | MIAMI LAKES FL 33016  |

*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:** BERNARDO PASCUAL

**PRESIDENT**

**02/12/2017**

Electronic Signature of Signing Officer/Director Detail

Date