

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000018938

Entity Name: ISRAEL CRESPO, M.D., P.A.

Current Principal Place of Business:

6919 N DALE MABRY HWY
SUITE 320
TAMPA, FL 33614

Current Mailing Address:

6919 N DALE MABRY HWY
SUITE 320
TAMPA, FL 33614 US

FEI Number: 59-3355401

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WETHERINGTON, R. WADE
1010 N. FLORIDA AVENUE
TAMPA, FL 33602 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 DR
Name CRESPO, ISRAEL
Address 6919 N. DALE MABRY HWY. SUITE 320
City-State-Zip: TAMPA FL 33614

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: ISRAEL CRESPO MD

PRESIDENT

01/28/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date