

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000102194

Entity Name: MARIA I. LOPEZ M.D., P.A.

Current Principal Place of Business:

8955 SW 87 CT
STE 212
MIAMI, FL 33176

Current Mailing Address:

8955 SW 87 CT
STE 212
MIAMI, FL 33176 US

FEI Number: 65-0797887

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARCIA-LINARES, MANUEL A
201 S. BISCAYNE BLVD. 10TH FLR.
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 D
Name LOPEZ, MARIA I
Address 8955 SW 87 CT
 STE 212
City-State-Zip: MIAMI FL 33176

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: MARIA I LOPEZ MD

PHYSICIAN OWNER

04/24/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date