

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V07733

**Entity Name:** MICHAEL R. OBREGON O.D., P.A.

**Current Principal Place of Business:**

2726 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2726 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**FEI Number:** 65-0306225

**Certificate of Status Desired:** Yes

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

SHAPIRO, IRA R ESQ  
BAYLEE EXECUTIVE CENTER STE 225  
16375 NORTHEAST 18TH AVE  
N MIAMI BCH, FL 33162 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 OBREGON, MICHAEL ROD  
Address 441 NE 101ST ST  
City-State-Zip: MIAMI SHORES FL 33138

*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:** MICHAEL R. OBREGON, OD

**PRESIDENT**

**04/23/2015**

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

\_\_\_\_\_  
Date