

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 603111

**Entity Name:** JUAN R. BOLET, M.D., P.A.

**Current Principal Place of Business:**

8117  
SW 118TH COURT  
MIAMI, FL 33183

**Current Mailing Address:**

8117 SW 118TH COURT  
MIAMI, FL 33183 US

**FEI Number: 59-1359909**

**Certificate of Status Desired:** No

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

BOLET, JUAN R., M.D., P.A.  
8117 SW 118TH COURT  
MIAMI, FL 33183 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	PST	Title	VPD
Name	BOLET, JUAN R., M.D.	Name	BOLET, JUAN R., M.D.
Address	8117 SW 118TH COURT	Address	8117 SW 118TH COURT
City-State-Zip:	MIAMI FL 33183	City-State-Zip:	MIAMI FL 33183

*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:** JUAN R BOLET

**PRESIDENT**

**04/02/2018**

Electronic Signature of Signing Officer/Director Detail

Date