

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 695919

**Entity Name:** ROBERTO AREVALO-ARAUJO, M.D., P.A.

**Current Principal Place of Business:**

3000 US HWY 19  
HOLIDAY, FL 34691

**Current Mailing Address:**

3000 US HWY 19  
HOLIDAY, FL 34691 US

**FEI Number:** 59-2109527

**Certificate of Status Desired:** No

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

AREVALO ARAUJO, ROBERTO  
3000 US HWY 19  
HOLIDAY, FL 34691 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 DP  
Name AREVALO ARAUJO, ROBERTO  
Address 5540 CLIPPER COURT  
City-State-Zip: NEW PORT RICHEY FL 34652

*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:** ROBERTO AREVALO ARAUJO

PRESIDENT

03/09/2016

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

\_\_\_\_\_ Date