

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F51109

**Entity Name:** ROBERT V. BARBARITE, M.D., P.A.

**Current Principal Place of Business:**

7541 N. STSTE ROAD 7  
PARKLAND, FL 33073

**FILED**  
**Apr 24, 2016**  
**Secretary of State**  
**CC7506483575**

**Current Mailing Address:**

7541 N. STSTE ROAD 7  
PARKLAND, FL 33073

**FEI Number: 59-2134872**

**Certificate of Status Desired: No**

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

BARBARITE, ROBERT VMD  
6927 NW 65 TH. TERR.  
PARKLAND, FL 33067 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	Title	S
Name	BARBARITE, ROBERT V	Name	BARBARITE, MARY
Address	6927 NW 65 TERR	Address	6927 NW 65 TERR
City-State-Zip:	PARKLAND FL 33067	City-State-Zip:	PARKLAND FL 33067

*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: ROBERT V. BARBARITE**

**PRESIDENT**

**04/24/2016**

Electronic Signature of Signing Officer/Director Detail

Date