

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H77240

**Entity Name:** JULIO D. TORRES, M.D., P.A.

**Current Principal Place of Business:**

7100 W 20 AVE  
SUITE 105  
HIALEAH, FL 33016

**Current Mailing Address:**

7100 W 20 AVE  
SUITE 105  
HIALEAH, FL 33016 US

**FEI Number:** 59-2583031

**Certificate of Status Desired:** No

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

TORRES, JULIO  
7100 W 20 AVE  
SUITE 105  
HIALEAH, FL 33016 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 PD  
Name TORRES, JULIO D.  
Address 7100 W 20 AVE ,SUITE 105  
City-State-Zip: HIALEAH FL 33016

*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:** JULIO D. TORRES, MD

**PRESIDENT**

**01/24/2016**

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

\_\_\_\_\_  
Date