

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J27833

**Entity Name:** JOSE A. BERRIOS, M.D., P.A.

**Current Principal Place of Business:**

320 OAKFIELD DRIVE  
D  
BRANDON, FL 33511

**Current Mailing Address:**

P. O. BOX 105  
VALRICO, FL 33594

**FEI Number:** 59-2709004

**Certificate of Status Desired:** No

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

BERRIOS, JOSE A., M.D.  
320 OAKFIELD DRIVE  
D  
BRANDON, FL 33511 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  
Name BERRIOS, JOSE A.  
Address PO BOX 105  
City-State-Zip: VALRICO FL 33594

Title DIRECTOR  
Name BERRIOS, JOSE A  
Address PO BOX 105  
City-State-Zip: VALRICO FL 33594

*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:** JOSE A. BERRIOS MD PA

**PRES**

**04/15/2015**

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

\_\_\_\_\_  
Date