

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J36521

**Entity Name:** EDWIN M. VILLALOBOS M.D., P.A.

**Current Principal Place of Business:**

661 E ALTAMONTE DR  
SUITE 231  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

661 E ALTAMONTE DR  
SUITE 231  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 59-2723060

**Certificate of Status Desired:** No

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

VILLALOBOS, EDWIN M.  
661 E ALTAMONTE DR #231  
N TOWER  
ALTAMONTE SPRINGS, FL 32701 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 VILLALOBOS, EDWIN M.  
Address 661 E ALTAMONTE DR #231  
City-State-Zip: ALTAMONTE SPRINGS FL

*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:** EDWIN M. VILLALOBOS

DP

01/14/2014

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

\_\_\_\_\_  
Date