

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K88082

**Entity Name:** LUIS G. GEADA, M.D.P.A.

**Current Principal Place of Business:**

LUIS G GEADA MD  
3821 SW 107 AVE  
MIAMI, FL 33165

**Current Mailing Address:**

LUIS G GEADA MD  
3821 SW 107 AVE  
MIAMI, FL 33165

**FEI Number:** 65-0124648

**Certificate of Status Desired:** No

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

LUIS G. GEADA  
10595 S.W. 124TH STREET  
MIAMI, FL 33133 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 D  
Name GEADA, LUIS G  
Address 10595 SW 124TH ST  
City-State-Zip: MIAMI FL 33176

*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:** LUIS G GEADA

**PRESIDENT**

**01/23/2017**

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

\_\_\_\_\_  
Date