

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M18249

**Entity Name:** HUMBERTO BASTO, M.D., P.A.

**Current Principal Place of Business:**

2300 NE 215 ST  
AVENTURA, FL 33180

**Current Mailing Address:**

2300 NE 215 ST  
AVENTURA, FL 33180

**FEI Number:** 59-2605839

**Certificate of Status Desired:** No

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

BASTO, HUMBERTO  
2300 NE 215 ST  
MIAMI, FL 33180 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  
Name            BASTO, HUMBERTO  
Address        2300 NE 215 ST  
City-State-Zip: MIAMI FL 33180

*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:** HUMBERTO BASTO

**PRESIDENT**

**01/09/2014**

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

\_\_\_\_\_ Date