

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000066109

Entity Name: GILBERTO J. ACOSTA PODIATRIST INC.

Current Principal Place of Business:

613 E 49 STREET
HIALEAH, FL 33013

Current Mailing Address:

613 E 49 ST
HIALEAH, FL 33013 US

FEI Number: 65-1030742

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ACOSTA, GILBERTO
16720 NW 81 AVE
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 P
Name ACOSTA, GILBERTO
Address 16720 NW 81 AVE
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: GILBERTO ACOSTA

PRESIDENT

02/22/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date