

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000068073

Entity Name: FABIO OLIVEROS, M.D.,P.A.

Current Principal Place of Business:

130 MEDICAL CENTER AVE
SEBRING, FL 33870

Current Mailing Address:

130 MEDICAL CENTER AVE
SEBRING, FL 33870

FEI Number: 65-1117751

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OLIVEROS, FABIO
130 MEDICAL CENTER AVE
SEBRING, FL 33870 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 DR
Name OLIVEROS, FABIO
Address 130 MEDICAL CENTER
City-State-Zip: SEBRING FL 33870

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: FABIO OLIVEROS

M.D.

03/20/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date