

**2021 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.

04/05/2021

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

\_\_\_\_\_  
Date