

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000040886

**Entity Name:** JOSE I. GARRI, M.D., D.M.D., P.A.

**Current Principal Place of Business:**

650 WEST AVE. APT #705  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

650 WEST AVE. APT#705  
MIAMI BEACH, FL 33139

**FEI Number: 01-0671642**

**Certificate of Status Desired: No**

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

THE MEDILAW FIRM  
325 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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 PD  
Name GARRI, JOSE I  
Address 650 WEST AVE. APT #705  
City-State-Zip: MIAMI BEACH FL 33139

*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: JOSE I GARRI MD**

**OWNER**

**04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date