

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000078328

**Entity Name:** ROBERT V. CARIDA II, M.D., P.A.

**Current Principal Place of Business:**

5258 LINTON BLVD.  
SUITE 104  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

5258 LINTON BLVD.  
SUITE 104  
DELRAY BEACH, FL 33484

**FEI Number:** 54-2063621

**Certificate of Status Desired:** No

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

STOLL, JEFFREY RESQ  
C/O SEGAUL & STOLL, P.A.  
8751 W. BROWARD BOULEVARD, SUITE 404  
PLANTATION, FL 33324 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           CHAIRMAN  
Name           CARIDA, ROBERT V II  
Address        16901 CROWN BRIDGE DRIVE  
City-State-Zip: DELRAY BEACH FL 33446

*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:** ROBERT CARIDA

**PRESIDENT**

**02/12/2017**

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

\_\_\_\_\_  
Date