

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000089609

**Entity Name:** MARIA T. POL-CARBALLO, M.D., P.A.

**Current Principal Place of Business:**

6450 W 21 CT  
#301  
HIALEAH, FL 33016

**Current Mailing Address:**

6450 W 21 CT  
#301  
HIALEAH, FL 33016

**FEI Number:** 51-0422441

**Certificate of Status Desired:** No

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

CARBALLO, JOSEPH A  
717 PONCE DE LEON BLVD  
SUITE 326  
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            PRES  
Name            POL-CARBALLO, MARIA T  
Address        4120 SW 151 TER  
City-State-Zip: MIARAMAR FL 33027

*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:** MARIA T POL-CARBALLO MD

**PRESIDENT**

**02/26/2016**

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

\_\_\_\_\_  
Date