

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099984

Entity Name: ALVARO R. BADA, M.D.,P.A.

Current Principal Place of Business:

18308 MURDOCK CIRCLE
SUITE 101
PORT CHARLOTTE, FL 33948

Current Mailing Address:

P.O.BOX 511095
PUNTA GORDA, FL 33951-1095

FEI Number: 52-2377097

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, JOSE E
5901 SW 74TH ST #300
MIAMI, FL 33143 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 BADA, ALVARO RMD
Address 17450 WHITE WATER CT
City-State-Zip: PUNTA GORDA FL 33982

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: ALVARO R. BADA, M.D.

PRES

03/19/2017

Electronic Signature of Signing Officer/Director Detail

Date