

**2019 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:**

18308 MURDOCK CIRCLE  
SUITE 101  
PORT CHARLOTTE, FL 33948 US

**FEI Number:** 52-2377097

**Certificate of Status Desired:** No

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

SMITH, JOSE E  
9425 SUNSET DRIVE  
180  
MIAMI, FL 33173 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 P, D  
Name BADA, ALVARO R. MD  
Address 18308 MURDOCK CIRCLE  
SUITE 101  
City-State-Zip: PORT CHARLOTTE FL 33948

Title MANAGING MBR  
Name BADA, ALVARO MIGUEL DR.  
Address 18308 MURDOCK CIRCLE  
SUITE 101  
City-State-Zip: PORT CHARLOTTE FL 33948

*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 BADA, MD

**PRESIDENT**

**04/05/2019**

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

\_\_\_\_\_  
Date