

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000026236

Entity Name: A. LILIA SMITH, PH.D., P.A.

Current Principal Place of Business:

1805 PONCE DE LEON BLVD.
SUITE #410
CORAL GABLES, FL 33134

Current Mailing Address:

1805 PONCE DE LEON BLVD.
SUITE #410
CORAL GABLES, FL 33134 US

FEI Number: 86-1051618

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SMITH, ANA LPRESIDE
1805 PONCE DE LEON BLVD.
SUITE #410
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 PRESIDENT
Name SMITH, ANA LILIA
Address 1805 PONCE DE LEON BLVD.
 SUITE #410
City-State-Zip: CORAL GABLES FL 33134

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: ANA LILIA SMITH

PRESIDENT

06/16/2020

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date