

**2021 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**

**04/12/2021**

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

\_\_\_\_\_  
Date