

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048185

Entity Name: ANA J. SOLIS M.D., P.A.

Current Principal Place of Business:

5334 SW 89 AVE
MIAMI, FL 33165

Current Mailing Address:

5334 SW 89 AVE
MIAMI, FL 33165 US

FEI Number: 65-1219358

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SOLIS, ANA J MD
5334 SW 89 AVE
MIAMI, FL 33165 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: ANA J. SOLIS

03/12/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SOLIS, ANA J MD
Address 5334 SW 89 AVENUE
City-State-Zip: MIAMI FL 33165

Title VP
Name DEVILLAFUERTE, LISSETTE VP
Address 5334 SW 89 AVE
City-State-Zip: MIAMI FL 33165

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 J. SOLIS

MD

03/12/2015

Electronic Signature of Signing Officer/Director Detail

Date