

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000051413

**Entity Name:** FRANCISCO CARPIO, M.D., P.A.

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC8405974443**

**Current Principal Place of Business:**

11760 S.W 40 STREET  
SUITE 654  
MIAMI, FL 33175

**Current Mailing Address:**

11760 SW 40 STREET  
SUITE 654  
MIAMI, FL 33175

**FEI Number:** 20-0904576

**Certificate of Status Desired:** No

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

SMITH, JOSE E  
2103 CORAL WAY  
SUITE 305  
MIAMI, FL 33145 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 PS  
Name CARPIO, FRANCISCO  
Address 11760 SW 40 STREET SUITE 654  
City-State-Zip: MIAMI FL 33175

Title MANAGER  
Name COLON, MELBA  
Address 11760 SW 40 STREET  
SUITE 654  
City-State-Zip: MIAMI FL 33175

*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:** FRANCISCO CARPIO

**MANAGER**

**04/30/2014**

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

\_\_\_\_\_  
Date