

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000051824

**Entity Name:** EUGENIO BRICIO, M.D., P.A.

**Current Principal Place of Business:**

21097 NE 27TH CT  
320  
AVENTURA, FL 33180

**Current Mailing Address:**

21097 NE 27TH CT  
320  
AVENTURA, FL 33180 US

**FEI Number:** 20-0893574

**Certificate of Status Desired:** No

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

KLEIN, THEODORE J  
8030 PETERS ROAD, BUILDING D, STE 104  
PLANTATION, FL 33324 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 PVTS  
Name BRICIO, EUGENIO M.D.  
Address 21097 NE 27TH CT , STE 570  
City-State-Zip: AVENTURA FL 33180

Title DCM  
Name BRICIO, EUGENIO M.D.  
Address 21097 NE 27TH CT , STE 570  
City-State-Zip: AVENTURA FL 33180

*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:** EUGENIO BRICIO

MD

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date