

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000051999

**Entity Name:** CARLOS A. LABRADOR, M.D., P.A.

**Current Principal Place of Business:**

6775 CROSSWINDS DR. N.  
ST PETERSBURG, FL 33710

**Current Mailing Address:**

6775 CROSSWINDS DR. N.  
ST PETERSBURG, FL 33710 US

**FEI Number:** 20-0953572

**Certificate of Status Desired:** No

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

LABRADOR, KITTY T  
6775 CROSSWINDS DR. N.  
ST PETERSBURG, FL 33710 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 STD  
Name HASTING, DAVID C CPA  
Address 6775 CROSSWINDS DR. N.  
City-State-Zip: ST PETERSBURG FL 33710

Title PD  
Name LABRADOR, CARLOS AM.D.  
Address 6775 CROSSWINDS DR. N.  
City-State-Zip: ST PETERSBURG FL 33710

*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:** CARLOS LABRADOR

OM

01/15/2018

Electronic Signature of Signing Officer/Director Detail

Date