

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000051999

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

**Current Principal Place of Business:**

65 65TH STREET SOUTH  
ST PETERSBURG, FL 33707

**Current Mailing Address:**

65 65TH STREET SOUTH  
ST PETERSBURG, FL 33707

**FEI Number:** 20-0953572

**Certificate of Status Desired:** No

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

LABRADOR, KITTY T  
65 65TH STREET SOUTH  
ST PETERSBURG, FL 33707 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 CCPA  
Address        65 65TH STREET SOUTH  
City-State-Zip: ST PETERSBURG FL 33707

Title           PD  
Name           LABRADOR, CARLOS AM.D.  
Address        65 65TH STREET SOUTH  
City-State-Zip: ST PETERSBURG FL 33707

*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:** DAVID HASTINGS

**OFFICER**

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date