

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000073061

**Entity Name:** ALFREDO HEVIA, M.D. P.A.

**Current Principal Place of Business:**

10390 SW 97TH ST  
MIAMI, FL 33176

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC4184453044**

**Current Mailing Address:**

10390 SW 97TH ST  
MIAMI, FL 33176 US

**FEI Number: 20-1095853**

**Certificate of Status Desired: No**

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

HEVIA, ALFREDO MD  
10390 SW 97TH ST  
MIAMI, FL 33176 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	P	Title	VP
Name	HEVIA, ALFREDO MD	Name	HEVIA, NANCY MRS
Address	10390 SW 97TH ST	Address	10390 SW 97TH ST
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176

*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: ALFREDO HEVIA**

**PRESIDENT**

**01/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date