

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000092206

**Entity Name:** FELIX ANDARSIO, D.O., P.A.

**Current Principal Place of Business:**

1397 MEDICAL PARK BLVD  
SUITE # 440  
WELLINGTON, FL 33414

**Current Mailing Address:**

1397 MEDICAL PARK BLVD  
SUITE # 440  
WELLINGTON, FL 33414 US

**FEI Number:** 20-1306647

**Certificate of Status Desired:** No

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

FELIX ANDARSIO, DO, PA  
1397 MEDICAL PARK BLVD  
# 440  
WELLINGTON, FL 33414 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:** FELIX ANDARSIO JR.

05/25/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DR.  
Name ANDARSIO, FELIX JR.  
Address 8856 SOUTH KENDALE CIRCLE  
City-State-Zip: LAKE WORTH FL 33467

*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:** FELIX ANDARSIO JR., D.O

PHYSICIAN

05/25/2016

Electronic Signature of Signing Officer/Director Detail

Date