

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000095765

**Entity Name:** ALFREDO J. FARINAS, M.D., P.A.

**Current Principal Place of Business:**

1755 LAKE TERRACE DR  
EUSTIS, FL 32726

**FILED**  
**May 26, 2016**  
**Secretary of State**  
**CC3178130427**

**Current Mailing Address:**

PO BOX 877  
MT DORA, FL 32756 US

**FEI Number: 20-1291003**

**Certificate of Status Desired: No**

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

FARINAS, ALFREDO J  
1755 LAKE TERRACE DR  
EUSTIS, FL 32726 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	FARINAS, ALFREDO J	Name	FARINAS, FLOR
Address	1755 LAKE TERRACE DR	Address	1755 LAKE TERRACE DR
City-State-Zip:	EUSTIS FL 32726	City-State-Zip:	EUSTIS FL 32726

*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 FARINAS**

**PRESIDENT**

**05/26/2016**

Electronic Signature of Signing Officer/Director Detail

Date