

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000095954

**Entity Name:** ISABEL RICO M.D. P.A.

**Current Principal Place of Business:**

7607 SW 164TH COURT  
MIAMI, FL 33193

**Current Mailing Address:**

7607 SW 164TH COURT  
MIAMI, FL 33193

**FEI Number:** 20-1286134

**Certificate of Status Desired:** No

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

RICO, ISABEL  
7607 SW 164TH COURT  
MIAMI, FL 33193 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  
Name RICO, ISABEL  
Address 7607 SW 164TH COURT  
City-State-Zip: MIAMI FL 33193

Title VP  
Name PEREZ, ANTONIO O  
Address 7607 SW 164TH COURT  
City-State-Zip: MIAMI FL 33193

*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:** ISABEL RICO

**PRESIDENT**

**03/08/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date