

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000163070

**Entity Name:** GUSTAVO A. TORRES, M.D., P.A.

**Current Principal Place of Business:**

3611 SW 139TH CT.  
MIAMI, FL 33175

**Current Mailing Address:**

3611 SW 139TH CT.  
MIAMI, FL 33175

**FEI Number:** 20-1966760

**Certificate of Status Desired:** No

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

TORRES, GUSTAVO A MD  
3611 SW 139TH CT.  
MIAMI, FL 33175 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:** GUSTAVO A TORRES

03/30/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name TORRES, GUSTAVO A MD  
Address 3611 SW 139TH CT.  
City-State-Zip: MIAMI FL 33175

*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:** GUSTAVO A TORRES

PD

03/30/2016

Electronic Signature of Signing Officer/Director Detail

Date