

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000170272

Entity Name: CARLOS SANCHEZ, D.O., P.A.

Current Principal Place of Business:

NORTH SHOPRE MEDICAL CENTER
1100 NW 95 STREET EMERGENCY DEPARTMENT
MIAMI, FL 33150

Current Mailing Address:

2020 N BAYSHORE DR 1010
MIAMI, FL 33137 US

FEI Number: 20-2087136

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANCHEZ, CARLOS DR
2030 N.E. 197TH TERRACE
MIAMI, FL 33179 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 DR
Name SANCHEZ, CARLOS
Address 2030 N.E. 197TH TERRACE
City-State-Zip: MIAMI FL 33179

Title D
Name SANCHEZ, KATHRYN
Address 2030 N.E. 197TH TERRACE
City-State-Zip: MIAMI FL 33179

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: CARLOS SANCHEZ

DO

03/20/2013

Electronic Signature of Signing Officer/Director Detail

Date