

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000022409

**Entity Name:** MIGUEL DE LA ROSA, M.D., P.A.

**Current Principal Place of Business:**

MIGUEL DE LA ROSA  
10621 SW 88TH STREET SUITE 200  
MIAMI, FL 33176

**Current Mailing Address:**

MIGUEL DE LA ROSA  
10621 SW 88 TH STREET SUITE 200  
MIAMI, FL 33176 US

**FEI Number:** 20-2330604

**Certificate of Status Desired:** No

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

DE LA ROSA, MIGUEL  
MIGUEL DE LA ROSA  
10621 SW 88 TH STREET SUITE 200  
MIAMI, FL 33176 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 DE LA ROSA, MIGUEL  
Address MIGUEL DE LA ROSA  
10621 SW 88TH STREET SUITE 200  
City-State-Zip: MIAMI FL 33176

*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:** MIGUEL DE LA ROSA

MEDICAL DOCTOR

02/10/2017

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

\_\_\_\_\_ Date