

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000129141

**Entity Name:** HUMBERTO CASANOVA M.D. P.A.

**Current Principal Place of Business:**

17670 NW 78 AVE  
109  
MIAMI, FL 33015

**Current Mailing Address:**

17670 NW 78 AVE  
109  
MIAMI, FL 33015

**FEI Number:** 20-3505561

**Certificate of Status Desired:** No

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

CASANOVA, HUMBERTO MD  
17972 NW 91 COURT  
MIAMI, FL 33018 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 PD  
Name CASANOVA, HUMBERTO  
Address 17670 NW 78 AVE SUITE 109  
City-State-Zip: MIAMI FL 33015

*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:** HUMBERTO CASANOVA

PD

01/25/2017

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

\_\_\_\_\_  
Date