

2014 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

MD

01/16/2014

Electronic Signature of Signing Officer/Director Detail

Date