

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000009846

**Entity Name:** LEONEL CORDOVA MD, PA

**Current Principal Place of Business:**

900 BISCAYNE BLVD  
3707  
MIAMI, FL 33132

**Current Mailing Address:**

900 BISCAYNE BLVD  
3707  
MIAMI, FL 33132 US

**FEI Number:** 20-4247589

**Certificate of Status Desired:** No

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

CORDOVA, LEONEL MD  
900 BISCAYNE BLVD  
3707  
MIAMI, FL 33132 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 CORDOVA, LEONEL MD  
Address 900 BISCAYNE BLVD  
3707  
City-State-Zip: MIAMI FL 33132

*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:** LEONEL CORDOVA

**PRESIDENT**

**05/01/2017**

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

\_\_\_\_\_  
Date