

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000075498

**Entity Name:** MAXIMILIANO CARDOZO, P.A.

**Current Principal Place of Business:**

18501 PINES BOULEVARD  
SUITE 209  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

18501 PINES BOULEVARD  
SUITE 209  
PEMBROKE PINES, FL 33029 US

**FEI Number:** 20-4970297

**Certificate of Status Desired:** No

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

CARDOZO, MAXIMILIANO M.D.  
18501 PINES BOULEVARD  
SUITE 209  
PEMBROKE PINES, FL 33029 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 CARDOZO, MAXIMILIANO M.D.  
Address 18501 PINES BOULEVARD  
City-State-Zip: PEMBROKE PINES FL 33029

Title MS  
Name CARDOZO, GLORIA C ARNP  
Address 18501 PINES BOULEVARD  
City-State-Zip: PEMBROKE PINES FL 33029

*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:** MAXIMILIANO CARDOZO

DR

04/05/2014

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

\_\_\_\_\_  
Date