SIGNATURE: LIVIA A. DELGADO

Electronic Signature of Signing Officer/Director Detail

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.

City-State-Zip: MIAMI FL 33144 City-State-Zip: MIAMI FL 33144

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

Officer/Director Detail :			
Title	D	Title	D
Name	DELGADO, LIVIA A	Name	AROSTEGUI, EMILIO A
Address	8550 WEST FLAGLER ST.	Address	8550 WEST FLAGLER ST.
City-State-Zip:	MIAMI EL 33144	Citv-State-Zip:	MIAMI FL 33144

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.

Electronic Signature of Registered Agent

SUITE 109 MIAMI, FL 33144

Current Mailing Address:

8550 WEST FLAGLER ST. SUITE 109 MIAMI, FL 33144

FEI Number: 20-5131559

DELGADO, LIVIA A 418 SW 87 CT MIAMI, FL 33174 US

SIGNATURE:

Name and Address of Current Registered Agent:

Current Principal Place of Business: 8550 WEST FLAGLER ST.

DOCUMENT# P06000086552

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: LIVIA A. DELGADO, M.D., P.A.

FILED Jan 11, 2016 Secretary of State CC6856451656

Certificate of Status Desired: No

01/11/2016

Date

DIRECTOR