

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000086552

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

**Current Principal Place of Business:**

8550 WEST FLAGLER ST.  
SUITE 109  
MIAMI, FL 33144

**Current Mailing Address:**

8550 WEST FLAGLER ST.  
SUITE 109  
MIAMI, FL 33144

**FEI Number:** 20-5131559

**Certificate of Status Desired:** No

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

DELGADO, LIVIA A  
418 SW 87 CT  
MIAMI, FL 33174 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 D  
Name DELGADO, LIVIA A  
Address 8550 WEST FLAGLER ST.  
City-State-Zip: MIAMI FL 33144

Title D  
Name AROSTEGUI, EMILIO A  
Address 8550 WEST FLAGLER ST.  
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 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:** LIVIA A DELGADO

**DIRECTOR**

**01/04/2021**

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

\_\_\_\_\_  
Date