

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000116696

**Entity Name:** ARIEL MEDINA, O.D., P.A.

**Current Principal Place of Business:**

8241 SW 28 STREET  
MIAMI, FL 33155

**FILED**  
**Feb 05, 2017**  
**Secretary of State**  
**CC2775497866**

**Current Mailing Address:**

8241 SW 28 STREET  
MIAMI, FL 33155

**FEI Number: 20-5519909**

**Certificate of Status Desired: No**

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

MEDINA, ARIEL  
8241 SW 28 STREET  
MIAMI, FL 33155 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	P	Title	VP
Name	MEDINA, ARIEL	Name	MEDINA, EVELYN
Address	8241 SW 28 STREET	Address	8241 SW 28 STREET
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155

*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: ARIEL MEDINA**

**PRESIDENT**

**02/05/2017**

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

\_\_\_\_\_  
Date