

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000144922

**Entity Name:** ODALYS BRITO M.D. & ASSOCIATES, P.A.

**Current Principal Place of Business:**

1301 PLANTATION ISLAND DR. S # 201A  
ST AUGUSTINE, FL 32080-3108

**Current Mailing Address:**

PO BOX 1317  
ST AUGUSTINE, FL 32085-1317

**FEI Number:** 20-5981509

**Certificate of Status Desired:** No

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

HOWARD A. CAPLAN, ATTORNEY, P.A.  
6260 DUPONT STATION COURT  
SUITE C  
JACKSONVILLE, FL 32217 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	Title	MR
Name	BRITO, ODALYS PRES	Name	TORRES, CARLOS RVICE PR
Address	1301 PLANTATION ISLAND DR. S # 201A	Address	1301 PLANTATION ISLAND DR. S # 201A
City-State-Zip:	ST AUGUSTINE FL 32080-1317	City-State-Zip:	ST AUGUSTINE FL 32080-1317

*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:** CARLOS R. TORRES

**VICE-PRESIDENT**

**01/18/2015**

Electronic Signature of Signing Officer/Director Detail

Date