

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000004873

**Entity Name:** IDALIA A. ACOSTA, M.D. P.A.

**Current Principal Place of Business:**

12488 SW 8TH ST  
MIAMI, FL 33184

**Current Mailing Address:**

12488 SW 8TH ST  
MIAMI, FL 33184

**FEI Number:** 26-1764969

**Certificate of Status Desired:** No

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

ACOSTA, IDALIA AM.D.  
8260 W. FLAGLER ST STE 2-K  
MIAMI, FL 33144-2069 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 PD  
Name ACOSTA, IDALIA A  
Address 12488 SW 8TH ST  
City-State-Zip: MIAMI FL 33184

*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:** IDALIA A ACOSTA

PD

04/30/2013

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

\_\_\_\_\_  
Date