

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000061722

**Entity Name:** JACOBO ELGOZY, M.D., P.A.

**Current Principal Place of Business:**

4302 ALTON ROAD SUITE 105  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

PO BOX 611116  
NORTH MIAMI, FL 33261 US

**FEI Number: 26-2873038**

**Certificate of Status Desired: No**

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

ELGOZY, JACOBO DR.  
4302 ALTON ROAD SUITE 105  
MIAMI BEACH, FL 33140 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  
Name ELGOZY, JACOBO DR.  
Address PO BOX 611116  
City-State-Zip: NORTH MIAMI FL 33261

*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: JACOBO ELGOZY**

**PRESIDENT**

**01/28/2015**

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

\_\_\_\_\_  
Date