

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000036945

**Entity Name:** LUIS APONTE,M.D., P.A.

**Current Principal Place of Business:**

1802 N HOWARD AVENUE  
#4542  
TAMPA, FL 33607

**Current Mailing Address:**

PO BOX 4542  
TAMPA, FL 33677

**FEI Number: 26-4743158**

**Certificate of Status Desired: No**

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

APONTE, LUIS  
1802 N HOWARD AVE  
#4542  
TAMPA, FL 33607 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:** LUIS APONTE

04/15/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name APONTE, LUIS  
Address PO BOX 4542  
City-State-Zip: TAMPA FL 33677

*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:** LUIS APONTE

P

04/15/2020

Electronic Signature of Signing Officer/Director Detail

Date