#### 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

Electronic Signature of Signing Officer/Director Detail

Ρ

#### 04/15/2022

# Certificate of Status Desired: No

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

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

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

## 2022 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

### Name and Address of Current Registered Agent:

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

Apr 15, 2022 Secretary of State 7505108243CC

FILED

04/15/2022 Date

Date