

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000036945

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

Current Principal Place of Business:

301 W PLATT ST #30
TAMPA, FL 33606

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 MD
301 W PLATT ST #30
TAMPA, FL 33606 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 P
Name APONTE, LUIS MD
Address PO BOX 4542
City-State-Zip: TAMPA FL 33607

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, MD

P

04/16/2013

Electronic Signature of Signing Officer/Director Detail

Date