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: FARIDA MORA

Electronic Signature of Signing Officer/Director Detail

AGENT

01/12/2016 Date

Date

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000049597

Entity Name: ARNALDO M. MORA, MD PA

Current Principal Place of Business:

5353 WEST ATLANTIC AVE. 400A DELRAY BEACH, FL 33484

Current Mailing Address:

5353 WEST ATLANTIC AVE. 400A DELRAY BEACH, FL 33484 US

FEI Number: 27-0331496

Name and Address of Current Registered Agent:

FARIDA, MORA C 5353 WEST ATLANTIC AVE. 400A DELRAY BEACH, FL 33484 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

Officer	/Director	Detail :

Officer/Director Detail.				
Title	DP	Title	S	
Name	MORA, ARNALDO M MD	Name	MORA, FARIDA C MANAGER	
Address	5353 WEST ATLANTIC AVE. 400A	Address	5353 WEST ATLANTIC AVE. 400A	
City-State-Zip:	DELRAY BEACH FL 33484	City-State-Zip:	DELRAY BEACH FL 33484	

Certificate of Status Desired: No

FILED Jan 12, 2016 Secretary of State CC6081748705