SIGNATURE: FARIDA MORA MANAGER

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P09000049597

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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/Dir	ector D	etail :

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	

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.

FILED Jan 12, 2017 Secretary of State CC5948628328

Certificate of Status Desired: No

01/12/2017

Date

Date