

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000015458

**Entity Name:** CARLOS ARGUELLO MD. P.A.

**Current Principal Place of Business:**

1803 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34952

**Current Mailing Address:**

1803 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34952

**FEI Number:** 27-1976461

**Certificate of Status Desired:** No

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

ARGUELLO, CARLOS  
1803 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34952 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 ARGUELLO, CARLOS MD  
Address 5795 NW DOWSE ST  
City-State-Zip: PORT ST LUCIE FL 34986

*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:** ARGUELLO, CARLOS MD

**PRESIDENT**

**04/23/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date