

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000087629

**Entity Name:** ROBERT FLORIO, M.D., P.A.

**Current Principal Place of Business:**

UNIVERSITY HEALTH PARK BUILDING # 2  
8451 SHADE AVENUE SUITE 210  
SARASOTA, FL 34243

**Current Mailing Address:**

UNIVERSITY HEALTH PARK BUILDING # 2  
8451 SHADE AVENUE SUITE 210  
SARASOTA, FL 34243 US

**FEI Number:** 27-3789423

**Certificate of Status Desired:** No

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

FLORIO, ROBERT MD  
UNIVERSITY HEALTH PARK BUILDING # 2  
8451 SHADE AVENUE SUITE 210  
SARASOTA, FL 34243 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           DIRECTOR  
Name           FLORIO, ROBERT MD  
Address        UNIVERSITY HEALTH PARK BUILDING  
                  # 2  
                  8451 SHADE AVENUE SUITE 210  
City-State-Zip: SARASOTA FL 34243

*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:** ROBERT FLORIO

**OWNER**

**03/15/2014**

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

\_\_\_\_\_  
Date