

2016 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

02/16/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date