

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000018875

**Entity Name:** MARIA E. TORRES, M.D., P.A.

**Current Principal Place of Business:**

1215 SOUTH 25TH ST  
FORT PIERCE, FL 34947

**Current Mailing Address:**

1215 SOUTH 25TH ST  
FORT PIERCE, FL 34947

**FEI Number:** 65-0148834

**Certificate of Status Desired:** No

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

BECHT, EDWARD W  
321 SOUTH 2ND ST  
FORT PIERCE, FL 34950 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            D  
Name            TORRES, MARIA EMD  
Address        1215 SOUTH 25TH ST  
City-State-Zip: FORT PIERCE FL 34947

*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:** MARIA E TORRES MD

**PRESIDENT**

**03/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date