

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000032879

**Entity Name:** LUIS A. BOBEICA, M.D., P.A.

**Current Principal Place of Business:**

16244 S MILITARY TRL STE 220  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

8944 LITTLE FALLS WAY  
DELRAY BEACH, FL 33446 US

**FEI Number:** 45-1542109

**Certificate of Status Desired:** No

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

BOBEICA, LUIS A  
8944 LITTLE FALLS WAY  
DELRAY BEACH, FL 33446 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 PDST  
Name BOBEICA, LUIS A  
Address 8944 LITTLE FALLS WAY  
City-State-Zip: DELRAY BEACH FL 33446

Title VP  
Name BOBEICA, FLORENTINA  
Address 8944 LITTLE FALLS WAY  
City-State-Zip: DELRAY BEACH FL 33446

*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:** LUIS A BOBEICA

PDST

04/12/2024

Electronic Signature of Signing Officer/Director Detail

Date