

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000051256

**Entity Name:** JOSE MENDEZ MD PA

**Current Principal Place of Business:**

8615 COMMODITY CIRCLE  
SUITE 12  
ORLANDO, FL 32819

**Current Mailing Address:**

8615 COMMODITY CIRCLE  
SUITE 12  
ORLANDO, FL 32819 US

**FEI Number:** 45-5440293

**Certificate of Status Desired:** No

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

MENDEZ, JOSE  
8615 COMODITY CIRCLE  
SUITE 12  
ORLANDO, FL 32819 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	PTS	Title	VP
Name	MENDEZ, JOSE	Name	ARAQUE, ASTRID
Address	9212 COUNTRY BAY CT	Address	9212 COUNTRY BAY CT
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	ORLANDO FL 32819

*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:** ASTRID A ARAQUE

VP

02/12/2019

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

\_\_\_\_\_  
Date