

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000044987

**Entity Name:** DANIEL H. GESSESSE MD P.A.

**Current Principal Place of Business:**

15715 S DIXIE HWY  
SUITE 303  
MIAMI, FL 33157

**Current Mailing Address:**

13611 S DIXIE HWY  
SUITE 109-402  
MIAMI, FL 33176 US

**FEI Number:** 46-2846057

**Certificate of Status Desired:** No

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

GESSESSE, DANIEL H MD  
13611 S DIXIE HWY  
SUITE 109-402  
MIAMI, FL 33176 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            P  
Name            GESSESSE, DANIEL H MD  
Address        13611 S DIXIE HWY  
                  SUITE 109-402  
City-State-Zip: MIAMI FL 33176

Title            MANAGER  
Name            CHEN, MEI  
Address        13611 S DIXIE HWY  
                  SUITE 109-402  
City-State-Zip: MIAMI FL 33176

*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:** DANIEL GESSESSE

**PRESIDENT**

**04/30/2018**

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

\_\_\_\_\_  
Date