

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000093147

**Entity Name:** BELLE MEDICAL ASSOCIATES INC

**Current Principal Place of Business:**

2885 SW 3RD AVENUE  
SUITE 400  
MIAMI, FL 33129

**Current Mailing Address:**

1412 BAY RD  
MIAMI BEACH, FL 33139 US

**FEI Number:** 46-4113209

**Certificate of Status Desired:** No

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

NAVARRO, JASON  
1257 NW 125TH TERRACE  
SUNRISE, FL 33323 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            PRES  
Name            MASCARINAS, DULCE  
Address        1412 BAY RD  
City-State-Zip: MIAMI BEACH FL 33139

*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:** DULCE MASCARINAS

PRESIDENT

05/01/2017

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

\_\_\_\_\_ Date