

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000100008

Entity Name: MANUEL A. LOVO, M.D., P.A.

Current Principal Place of Business:

11880 SW 40TH ST SUITE 212
MIAMI, FL 33175

Current Mailing Address:

11880 SW 40TH ST SUITE 212
MIAMI, FL 33175

FEI Number: 46-4335945

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOVO, MANUEL A
11880 SW 40TH ST SUITE 212
MIAMI, FL 33175 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 PSTD
Name LOVO, MANUEL A
Address 11880 SW 40TH ST SUITE 212
City-State-Zip: MIAMI FL 33175

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: MANUEL A LOVO, MD

PRESIDENT

05/01/2015

Electronic Signature of Signing Officer/Director Detail

Date