

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000041416

**Entity Name:** JOSE F. BESTARD, MD P.A.

**Current Principal Place of Business:**

8940 N. KENDALL DRIVE  
SUITE 804-E  
MIAMI, FL 33176

**Current Mailing Address:**

8940 N. KENDALL DRIVE  
SUITE 804-E  
MIAMI, FL 33176

**FEI Number:** 46-5628754

**Certificate of Status Desired:** No

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

BESTARD, JOSE F  
8940 N. KENDALL DRIVE  
SUITE 804-E  
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 BESTARD, JOSE F  
Address 8940 N. KENDALL DRIVE, SUITE 804-E  
  
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:** JOSE BESTARD

**DIRECTOR**

**03/14/2017**

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

\_\_\_\_\_ Date