

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000043755

Entity Name: PATRICIA PERFETTO, M.D., P.A.

Current Principal Place of Business:

8626 NW 115 PLACE
DORAL, FL 33178

Current Mailing Address:

8626 NW 115 PLACE
DORAL, FL 33178

FEI Number: 46-5681468

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PERFETTO, PATRICIA
8626 NW 115 PLACE
DORAL, FL 33178 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 PERFETTO, PATRICIA
Address 8626 NW 115 PLACE
City-State-Zip: DORAL FL 33178

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: PATRICIA PERFETTO

PRESIDENT

03/12/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date