

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000054337

**Entity Name:** NATALIA VILLATE M.D. P.A.

**Current Principal Place of Business:**

4001 N. OCEAN DR  
B704  
BOCA RATON, FL 33431

**Current Mailing Address:**

4001 N. OCEAN DR  
B704  
BOCA RATON, FL 33431

**FEI Number:** 47-1220324

**Certificate of Status Desired:** No

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

STRAUSS, KENNETH J  
515 EAST LAS OLAS BLVD  
15TH FL  
FORT LAUDERDALE, FL 33301 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, S  
Name VILLATE, NATALIA  
Address 4001 N. OCEAN DR. B704  
City-State-Zip: BOCA RATON FL 33431

Title VP  
Name SUAREZ, MARIO  
Address 4001 N. OCEAN DR. B704  
City-State-Zip: BOCA RATON FL 33431

*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:** MARIO SUAREZ

VP

06/30/2020

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

\_\_\_\_\_  
Date