

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000099173

**Entity Name:** ADRIANA ESCANDON, M.D., P.A.

**Current Principal Place of Business:**

1607 PONCE DE LEON BLVD  
APT 7B  
MIAMI, FL 33134

**Current Mailing Address:**

1607 PONCE DE LEON BLVD  
APT 7B  
MIAMI, FL 33134 US

**FEI Number:** 47-2530598

**Certificate of Status Desired:** No

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

ESCANDON, ADRIANA M.D.  
1607 PONCE DE LEON BLVD  
SUITE 7B  
MIAMI, FL 33134 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            DPTS  
Name            ESCANDON, ADRIANA M.D.  
Address        1607 PONCE DE LEON BLVD  
                  SUITE 7B  
City-State-Zip: MIAMI FL 33134

*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:** ADRIANA ESCANDON

**PRESIDENT**

**01/28/2020**

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

\_\_\_\_\_ Date