

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000099173

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

**Current Principal Place of Business:**

1900 N BAYSHORE DRIVE  
SUITE 3012  
MIAMI, FL 33132

**Current Mailing Address:**

1900 N BAYSHORE DRIVE  
SUITE 3012  
MIAMI, FL 33132 US

**FEI Number:** 47-2530598

**Certificate of Status Desired:** No

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

ESCANDON, ADRIANA M.D.  
1900 N BAYSHORE DRIVE  
SUITE 3012  
MIAMI, FL 33132 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 1900 N BAYSHORE DRIVE, SUITE  
3012  
City-State-Zip: MIAMI FL 33132

*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

MD

03/23/2015

Electronic Signature of Signing Officer/Director Detail

Date