

2016 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 1A #125
MIAMI, FL 33132

Current Mailing Address:

1900 N BAYSHORE DRIVE
SUITE 1A #125
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 1A #125
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 1A #125
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

02/09/2016

Electronic Signature of Signing Officer/Director Detail

Date