

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000012509

**Entity Name:** JAVIER GARCIA DNP MEDICAL OFFICE INC.

**Current Principal Place of Business:**

5021 EAST 2ND AVE  
HIALEAH, FL 33013

**Current Mailing Address:**

5021 EAST 2ND AVE  
HIALEAH, FL 33013 US

**FEI Number: 47-3051643**

**Certificate of Status Desired: No**

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

GARCIA ASENSIO, JAVIER  
5021 EAST 2ND AVE  
HIALEAH, FL 33013 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 GARCIA ASENSIO, JAVIER  
Address 5021 EAST 2ND AVE  
City-State-Zip: HIALEAH FL 33013

*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: JAVIER GARCIA ASENSIO**

**PRESIDENT**

**02/21/2018**

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

\_\_\_\_\_  
Date