

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000016258

**Entity Name:** JULIO R. CHACON M.D. INC.

**Current Principal Place of Business:**

8724 SUNSET DRIVE  
329  
MIAMI, FL 33173

**Current Mailing Address:**

8724 SUNSET DRIVE  
329  
MIAMI, FL 33173 US

**FEI Number:** 84-1793815

**Certificate of Status Desired:** No

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

ARBELO, RONETTE  
8724 SUNSET DRIVE  
329  
MIAMI, FL 33173 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:** RONETTE ARBELO

05/17/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name ARBELO, RONETTE  
Address 8724 SUNSET DRIVE  
329  
City-State-Zip: MIAMI FL 33173

*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:** RONETTE ARBELO

REGISTERED AGENT

05/17/2019

Electronic Signature of Signing Officer/Director Detail

Date