

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000016258

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

**Current Principal Place of Business:**

8724 SW 72 STREET  
329  
MIAMI, FL 33173

**Current Mailing Address:**

8724 SW 72 STREET  
329  
MIAMI, FL 33173 US

**FEI Number:** 84-1793815

**Certificate of Status Desired:** No

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

ARBELO, RONETTE  
8724 SW 72 STREET  
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

04/30/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CHACON, JULIO R  
Address        8724 SW 72 STREET  
                  329  
City-State-Zip: MIAMI FL 33173

Title            EXECUTIVE SECRETARY  
Name            ARBELO, RONETTE  
Address        8631 SW 85 AVE  
City-State-Zip: MIAMI FL 33143

*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

04/30/2023

Electronic Signature of Signing Officer/Director Detail

Date