

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000016258

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

**Current Principal Place of Business:**

8631 SW 85 AVENUE  
MIAMI, FL 33143

**Current Mailing Address:**

8631 SW 85 AVENUE  
MIAMI, FL 33143

**FEI Number:** 47-3621993

**Certificate of Status Desired:** No

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

ARBELO, RONETTE  
8631 SW 85 AVE  
MIAMI, FL 33143 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

04/23/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D.	Title	S
Name	CHACON, JULIO R M.D.	Name	ARBELO, RONETTE
Address	8631 SW 85 AVE	Address	8631 SW 85 AVE
City-State-Zip:	MIAMI FL 33143	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

**SECRETARY/REGISTERED AGENT** 04/23/2018

Electronic Signature of Signing Officer/Director Detail

Date