# SIGNATURE: JUAN M. PREMOLI

Electronic Signature of Signing Officer/Director Detail

# 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P16000009760

Entity Name: JUAN M. PREMOLI MD PA

#### **Current Principal Place of Business:**

20553 BISCAYNE BLVD SUITE 4-538 AVENTURA, FL 33180

#### **Current Mailing Address:**

20553 BISCAYNE BLVD SUITE 4-538 AVENTURA, FL 33180

#### FEI Number: 81-1254641

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

PREMOLI, JUAN M MD 20553 BISCAYNE BLVD SUITE 4-538 AVENTURA, FL 33180 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: JUAN M. PREMOLI

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

TitlePNamePREMOLI, JUAN MAddress20533 BISCAYNE BLVD., SUITE 4-538

City-State-Zip: AVENTURA FL 33180

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.

### FILED Mar 19, 2018 Secretary of State CC1239524172

Certificate of Status Desired: No

03/19/2018 Date

03/19/2018 Date