

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000007299

**Entity Name:** ROBERT A IANNAcone, DPM, P.A.

**Current Principal Place of Business:**

691 SW PORT SAINT LUCIE BLVD.  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

691 SW PORT SAINT LUCIE BLVD.  
PORT SAINT LUCIE, FL 34953

**FEI Number:** 81-5077112

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 IANNAcone, ROBERT A DPM  
Address 691 SW PORT SAINT LUCIE BLVD.  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title S  
Name IANNAcone, ROBERT A DPM  
Address 691 SW PORT SAINT LUCIE BLVD.  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title T  
Name IANNAcone, ROBERT A DPM  
Address 691 SW PORT SAINT LUCIE BLVD.  
City-State-Zip: PORT SAINT LUCIE FL 34953

*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:** ROBERT A. IANNAcone, DPM, PA

**DOCTOR OF PODIATRIC MEDICINE** 04/30/2018

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

\_\_\_\_\_  
Date