

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000037831

Entity Name: LEONEL P LIMONTE MD INC

Current Principal Place of Business:

1750 LENOX AVE
MIAMI BEACH, FL 33139

Current Mailing Address:

1750 LENOX AVE
MIAMI BEACH, FL 33139 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIMONTE, LEONEL P
1750 LENOX AVE
MIAMI BEACH, FL 33139 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 LIMONTE, LEONEL P
Address 1750 LENOX AVE
City-State-Zip: MIAMI BEACH FL 33139

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: LEONEL LIMONTE

PRESIDENT

04/23/2019

Electronic Signature of Signing Officer/Director Detail

Date