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: JOSE C SUAREZ

Electronic Signature of Signing Officer/Director Detail

Ρ

01/17/2020 Date

SIGNATURE	JOSE C SUAREZ MD		01/17/2020	
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	P, S	Title	COO	
Name	SUAREZ, JOSE C MD	Name	PERTIERRA, CRISTINA	
Address	6355 NW 36 ST 604	Address	6355 NW 36 ST 604	
City-State-Zip:	VIRGINIA GARDENSI FL 33166	City-State-Zip:	VIRGINIA GARDENSI FL 3316	66

Name and Address of Current Registered Agent:

SUAREZ, JOSE C MD 6355 NW 36 ST 604 VIRGINIA GARDENSI, FL 33166 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.

IRGINIA GARDENSI,					
Current Mailing Address:					

604

FEI Number: APPLIED FOR

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000100627

Entity Name: JOSE C. SUAREZ, M.D., P.A.

Current Principal Place of Business:

6355 NW 36 ST 604 VI

С

6355 NW 36 ST VIRGINIA GARDENSI, FL 33166 US

Certificate of Status Desired: No

FILED Jan 17, 2020 Secretary of State 8087290963CC