

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000084651

**Entity Name:** RICARDO LLORENTE, M.D., P.A.

**Current Principal Place of Business:**

150 E. 49 ST.  
HIALEAH, FL 33013

**Current Mailing Address:**

150 E. 49 ST.  
HIALEAH, FL 33013

**FEI Number:** 65-0455173

**Certificate of Status Desired:** No

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

LLORENTE, RICARDO MD  
150 EAST 49 ST.  
HIALEAH, FL 33013 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            LLORENTE, RICARDO MD  
Address        150 EAST 49 ST.  
City-State-Zip: HIALEAH FL 33013

*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:** RICARDO L LLORENTE, MD

**PRESIDENT**

**02/21/2013**

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

\_\_\_\_\_ Date