

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000007387

**Entity Name:** CARLOS A. GADIA, M.D., P.A.

**Current Principal Place of Business:**

2900 S COMMERCE PARKWAY  
WESTON, FL 33331

**FILED**  
**Mar 19, 2015**  
**Secretary of State**  
**CC8773488454**

**Current Mailing Address:**

2900 S COMMERCE PARKWAY  
WESTON, FL 33331

**FEI Number: 65-0469464**

**Certificate of Status Desired: No**

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

GADIA, M.D.,P.A., CARLOS A  
2900 S COMMERCE PARKWAY  
WESTON, FL 33331 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            D  
Name            GADIA, CARLOS AMD  
Address        2900 S COMMERCE PARKWAY  
City-State-Zip: WESTON FL 33331

*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: CARLOS A GADIA MD**

**PRESIDENT**

**03/19/2015**

Electronic Signature of Signing Officer/Director Detail

Date