

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000036338

Entity Name: LUIS E. KORTRIGHT M.D., P.A.

Current Principal Place of Business:

4600 N. HABANA
SUITE 6
TAMPA, FL 33614

Current Mailing Address:

4600 N. HABANA
SUITE 6
TAMPA, FL 33614

FEI Number: 59-3239197

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KORTRIGHT, LUIS E
4600 N. HABANA
SUITE 6
TAMPA, FL 33614 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 PD
Name KORTRIGHT, LUIS E
Address 4600 N. HABANA AVE., SUITE 6
City-State-Zip: TAMPA FL 33614

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: LUIS E. KORTRIGHT

PRESIDENT

02/01/2016

Electronic Signature of Signing Officer/Director Detail

Date