

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000060416

Entity Name: LLORET, FIALKOW & GOMEZ, M.D.'S, P.A.

Current Principal Place of Business:

7400 SW 87 AVE.
SUITE 100
MIAMI, FL 33173

Current Mailing Address:

C/O BRUCE JAY TOLAND, P.A.
80 SW 8TH STREET, SUITE 2805
MIAMI, FL 33130

FEI Number: 65-0512292

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRUCE JAY TOLAND, P.A.
80 SW 8TH STREET, SUITE 2805
MIAMI, FL 33130 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 PS
Name LLORET, RAMON L
Address 7400 SW 87TH AVE., STE 100
City-State-Zip: MIAMI FL 33173

Title VPT
Name FIALKOW, JONATHAN A
Address 7400 SW 87TH AVE., STE 100
City-State-Zip: MIAMI FL 33173

Title VPT
Name GOMEZ, ALVARO A
Address 7400 SW 87TH AVE., STE 100
City-State-Zip: MIAMI FL 33173

Title VP
Name LEMBCKE, KARL
Address 7400 SW 87TH AVE., STE 100
City-State-Zip: MIAMI FL 33173

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: JONATHAN FIALKOW

MANAGER

05/01/2017

Electronic Signature of Signing Officer/Director Detail

Date