

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000081863

**Entity Name:** ISIDRO A. LOPEZ, M.D., P.A.

**Current Principal Place of Business:**

1495 N.W. 20ST  
MIAMI, FL 33142

**FILED**  
**Mar 20, 2017**  
**Secretary of State**  
**CC3965239173**

**Current Mailing Address:**

14331 SW 120TH ST  
SUITE 202  
MIAMI, FL 33186 US

**FEI Number: 65-0530268**

**Certificate of Status Desired: No**

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

LOPEZ, ISIDRO A  
1495 NW 20TH STREET  
MIAMI, FL 33142 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	Title	OFFICER
Name	LOPEZ, ISIDRO A	Name	ALFONZO, CARMEN M
Address	1495 NW 20TH ST	Address	1495 NW 20ST
City-State-Zip:	MIAMI FL 33142	City-State-Zip:	MIAMI FL 33142

*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: ISIDRO LOPEZ**

**MD**

**03/20/2017**

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

\_\_\_\_\_  
Date