

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000081863

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

**Current Principal Place of Business:**

18396 SW 158TH ST  
MIAMI, FL 33187

**Current Mailing Address:**

1495 N.W. 20ST  
MIAMI, FL 33142 US

**FEI Number:** 65-0530268

**Certificate of Status Desired:** Yes

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

LOPEZ, ISIDRO A  
1495 NW 20TH ST MIAMI  
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            PRESIDENT  
Name            LOPEZ, ISIDRO A  
Address        1495 NW 20TH ST  
City-State-Zip: MIAMI FL 33142

Title            OFFICER  
Name            ALFONZO, CARMEN M DR.  
Address        1495 NW 20ST  
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 A LOPEZ

**PRESIDENT**

**03/14/2018**

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

\_\_\_\_\_  
Date