

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000028559

**Entity Name:** JORGE LUIS SOSA, M.D., P.A.

**Current Principal Place of Business:**

3499 W 4TH AVENUE  
201  
HIALEAH, FL 33012

**Current Mailing Address:**

3499 W 4TH AVENUE  
201  
HIALEAH, FL 33012 US

**FEI Number:** 65-0576667

**Certificate of Status Desired:** Yes

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

SOSA, JORGE LM.D.  
3499 W 4TH AVENUE  
#201  
HIALEAH, FL 33012 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 SOSA, JORGE LM.D.  
Address 3499 W 4TH AVENUE 201  
City-State-Zip: HIALEAH FL 33012

Title VTS  
Name SORI, CRISTINA  
Address 3499 W 4TH AVENUE #201  
City-State-Zip: HIALEAH FL 33012

*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:** CRISTINA SORI

VTS

06/30/2017

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

\_\_\_\_\_  
Date