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.

VTS

# SIGNATURE: CRISTINA SORI

Electronic Signature of Signing Officer/Director Detail

# 2016 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

### 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

#### **Officer/Director Detail :**

Title	PD	Title	VTS
Name	SOSA, JORGE LM.D.	Name	SORI, CRISTINA
Address	3499 W 4TH AVENUE 201	Address	3499 W 4TH AVENUE #201
City-State-Zip:	HIALEAH FL 33012	City-State-Zip:	HIALEAH FL 33012

Certificate of Status Desired: Yes

03/23/2016 Date

# FILED Mar 23, 2016 Secretary of State CC5659121532

Date