

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000062304

**Entity Name:** JESUS E. VILORIA, M.D., P.A.

**Current Principal Place of Business:**

15124 SW 36 ST  
DAVIE, FL 33331

**FILED**  
**Mar 31, 2015**  
**Secretary of State**  
**CC9612860724**

**Current Mailing Address:**

15124 SW 36 ST  
DAVIE, FL 33331 US

**FEI Number: 65-0615877**

**Certificate of Status Desired: No**

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

VILORIA, JESUS EM.D.  
15124 SW 36 ST  
DAVIE, FL 33331 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 VILORIA, JESUS E  
Address 15124 SW 36 ST  
City-State-Zip: DAVIE FL 33331

Title T  
Name VILORIA, EDWARD JT  
Address 15124 SW 36TH STREET  
City-State-Zip: DAVIE FL 33331

*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: JESUS E VILORIA**

**PRESIDENT**

**03/31/2015**

Electronic Signature of Signing Officer/Director Detail

Date