

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000073175

**Entity Name:** ARTURO CORCES M.D., P.A.

**Current Principal Place of Business:**

11801 SW 90 ST.  
SUITE #201  
MIAMI, FL 33186

**FILED**  
**Jan 12, 2023**  
**Secretary of State**  
**1402644574CC**

**Current Mailing Address:**

11801 SW 90 ST.  
SUITE #201  
MIAMI, FL 33186 US

**FEI Number: 65-0667458**

**Certificate of Status Desired: No**

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

CORCES, ARTURO MD  
11801SW 90 ST.  
SUITE #201  
MIAMI, FL 33186 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:** ARTURO CORCES

01/12/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name CORCES, ARTURO  
Address 11801 S.W. 90 ST., SUITE 201  
City-State-Zip: MIAMI FL 33186

Title STVD  
Name FONT-RODRIGUEZ, DAVID  
Address 11801 SW 90 ST., SUITE 201  
City-State-Zip: MIAMI FL 33186

Title V  
Name HERRERA, MAURICIO  
Address 11801 SW 90 ST., SUITE 201  
City-State-Zip: MIAMI FL 33186

Title D  
Name RAJADHYAKSHA, AMAR  
Address 11801 SW 90 ST.  
City-State-Zip: MIAMI FL 33186

*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:** CORCES, ARTURO

**OWNER**

01/12/2023

Electronic Signature of Signing Officer/Director Detail

Date