

**2023 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000029086

**Entity Name:** LEONARDO VICTORES, M.D., P.A.

**Current Principal Place of Business:**

2885 TAMIAMI TRAIL  
SUITE 217  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

P.O BOX 512697  
PUNTA GORDA, FL 33951-2697

**FEI Number: 65-0741537**

**Certificate of Status Desired: No**

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

VICTORES, DANIA  
2885 TAMIAMI TRAIL  
SUITE 217  
PORT CHARLOTTE, FL 33952 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: DANIA VICTORES**

**05/31/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name VICTORES, LEONARDO M.D.  
Address 8875 NW 161 TER  
City-State-Zip: MIAMI LAKES FL 33018

*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: VICTORES , LEONARDO M.D.**

**MGR**

**05/31/2023**

Electronic Signature of Signing Officer/Director Detail

Date