

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000030521

**Entity Name:** FRANCISCO E. AREVALO, D.M.D., P.A.

**Current Principal Place of Business:**

6546 GUNN HWY  
TAMPA, FL 33625

**FILED**  
**Apr 22, 2015**  
**Secretary of State**  
**CC2685375382**

**Current Mailing Address:**

6546 GUNN HWY  
TAMPA, FL 33625

**FEI Number: 59-3429522**

**Certificate of Status Desired: No**

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

AREVALO, PATRICIA I  
6546 GUNN HWY  
TAMPA, FL 33625 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	DR	Title	STD
Name	AREVALO, FRANCISCO E	Name	AREVALO, PATRICIA I
Address	6546 GUNN HWY	Address	6546 GUNN HWY
City-State-Zip:	TAMPA FL 33625	City-State-Zip:	TAMPA FL 33625

*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: PATRICIA AREVALO**

**OFFICE MANAGER**

**04/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date