

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000045246

Entity Name: RODOLFO E. ALDIR, M.D., P.A.

Current Principal Place of Business:

2720 CYPRESS DOME CT.
ST. CLOUD, FL 34772

Current Mailing Address:

2720 CYPRESS DOME CT.
ST. CLOUD, FL 34772 US

FEI Number: 59-3451752

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALDIR, RODOLFO E
2720 CYPRESS DOME CT.
ST. CLOUD, FL 34772 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 PSTD
Name ALDIR, RODOLFO E
Address 2720 CYPRESS DOME CT.
City-State-Zip: ST. CLOUD FL 34772

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: RODOLFO E. ALDIR

PRESIDENT

02/08/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date