

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000069788

**Entity Name:** RAFAEL ANTUN, M.D., P.A.

**Current Principal Place of Business:**

2601 SW 37 AVE  
SUITE 905  
MIAMI, FL 33133

**Current Mailing Address:**

2601 SW 37 AVE  
SUITE 905  
MIAMI, FL 33133 US

**FEI Number:** 65-0773432

**Certificate of Status Desired:** No

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

ANTUN, RAFAEL M.D.  
2601 SW 37 AVE  
SUITE 905  
MIAMI, FL 33133 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	Title	V
Name	ANTUN, RAFAEL M.D.	Name	LANDA, MONICA M
Address	1865 BRICKELL AVE 1402-A	Address	5843 SW 32 ST
City-State-Zip:	MIAMI FL 33129	City-State-Zip:	MIAMI FL 33155

*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:** RAFAEL ANTUN, MD

**PRESIDENT**

**03/07/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date