

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000005489

**Entity Name:** BARROS FAMILY HEALTH CARE, P.A.

**Current Principal Place of Business:**

1301 PLANTATION ISLAND DR. SOUTH  
STE. 102-B  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

1301 PLANTATION ISLAND DR. SOUTH  
STE. 102-B  
ST. AUGUSTINE, FL 32080

**FEI Number: 59-3488583**

**Certificate of Status Desired: No**

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

PLATT, BEN  
1200 PLANTATION ISLAND DR. SOUTH  
STE. 230  
ST. AUGUSTINE, FL 32080 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 BARROS, MELCHOR GM.D.  
Address 1301 PLANTATION ISLAND DR S 102-B  
City-State-Zip: SAINT AUGUSTINE FL 32080

*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: MELCHOR G. BARROS**

**OWNER/PHYSICIAN**

**02/03/2014**

Electronic Signature of Signing Officer/Director Detail

Date