

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000020466

Entity Name: PABLO PELLA, M.D., P.A.

Current Principal Place of Business:

6817 SOUTHPOINT PKWY
#801
JACKSONVILLE, FL 32216

Current Mailing Address:

6817 SOUTHPOINT PKWY
#801
JACKSONVILLE, FL 32216 US

FEI Number: 59-3534656

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PABLO, PELLA MD
6817 SOUTHPOINT PKWY
#801
JACKSONVILLE, FL 32216 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 D
Name PELLA, PABLO M.D.
Address 6817 SOUTHPOINT PKWY
 #801
City-State-Zip: JACKSONVILLE FL 32216

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: PABLO PELLA, M.D.

D

04/21/2016

Electronic Signature of Signing Officer/Director Detail

Date