

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000080275

**Entity Name:** JULIO A. ENRIQUEZ, M.D., P.A.

**Current Principal Place of Business:**

8018 HANCOCK ST.  
RIVERVIEW, FL 33511-5968

**Current Mailing Address:**

8018 HANCOCK ST.  
RIVERVIEW, FL 33578 US

**FEI Number:** 59-3530786

**Certificate of Status Desired:** No

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

ENRIQUEZ, JULIO AP  
8018 HANCOCK ST.  
RIVERVIEW, FL 33578 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  
Name ENRIQUEZ, JULIO A  
Address 500 VONDERBURG DR EAST TOWER  
STE 102  
City-State-Zip: BRANDON FL 33511

Title SECRETARY, TREASURER  
Name ENRIQUEZ, CARMENZA G  
Address 500 VONDERBURG DR  
EAST TOWER, STE 102  
City-State-Zip: BRANDON FL 33511-5968

Title TRUSTEE  
Name ENRIQUEZ, ALEJANDRO R  
Address 500 VONDERBURG DR  
EAST TOWER, STE 102  
City-State-Zip: BRANDON FL 33511-5968

Title ASST. SECRETARY  
Name ENRIQUEZ, AMANDA C  
Address 500 VONDERBURG DR  
EAST TOWER, STE 102  
City-State-Zip: BRANDON FL 33511-5968

Title ASST. SECRETARY  
Name ENRIQUEZ, TANIA S  
Address 500 VONDERBURG DR  
EAST TOWER, STE 102  
City-State-Zip: BRANDON FL 33511-5968

*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:** JULIO A ENRIQUEZ

**PRESIDENT**

**03/09/2020**

Electronic Signature of Signing Officer/Director Detail

Date