

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000105195

**Entity Name:** ALICIA CHILITO, M.D., P.A.

**Current Principal Place of Business:**

11300 NW 87TH CT  
SUITE 149  
HIALEAH GARDENS, FL 33018

**Current Mailing Address:**

10220 SW 121ST STREET  
MIAMI, FL 33176

**FEI Number:** 65-0885213

**Certificate of Status Desired:** No

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

CHILITO, ALICIA M.D.  
10220 SW 121ST STREET  
MIAMI, FL 33176 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            CHILITO, ALICIA M.D.  
Address        10220 SW 121ST STREET  
City-State-Zip: MIAMI FL 33176

*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:** ALICIA CHILITO

**DIRECTOR**

**02/24/2017**

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

\_\_\_\_\_  
Date