

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000031952

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

**Current Principal Place of Business:**

7600 SW 87TH AVENUE  
#102  
MIAMI, FL 33173

**Current Mailing Address:**

7600 SW 87TH AVENUE  
#102  
MIAMI, FL 33173 US

**FEI Number:** 65-0910752

**Certificate of Status Desired:** Yes

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

ROBLA, JULIO  
7600 SW 87TH AVENUE  
#102  
MIAMI, FL 33173 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 MD  
Name ROBLA, JULIO  
Address 7600 SW 87TH AVENUE  
City-State-Zip: MIAMI FL 33173

*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 ROBLA M.D.

**PRACTICE MANAGER**

**01/25/2016**

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

\_\_\_\_\_  
Date