

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000042798

**Entity Name:** PEDRO AROCHO, M.D., P.A.

**Current Principal Place of Business:**

11181 HEALTH PARK BLVD  
SUITE 2230  
NAPLES, FL 34110

**Current Mailing Address:**

11181 HEALTH PARK BLVD  
SUITE 2230  
NAPLES, FL 34110

**FEI Number:** 59-3575087

**Certificate of Status Desired:** No

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

AROCHO, PEDRO M.D.  
7358 ACORN WAY  
NAPLES, FL 34119 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 AROCHO, PEDRO  
Address 7358 ACORN WAY  
City-State-Zip: NAPLES FL 34119

Title EXECUTIVE SECRETARY  
Name AROCHO, CHRISTINE  
Address 11181 HEALTH PARK BLVD  
SUITE 2230  
City-State-Zip: NAPLES FL 34110

*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:** PEDRO AROCHO MD

**PRESIDENT**

**01/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date