

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000095976

**Entity Name:** ARMANDO E. CAMP, M.D., P.A.

**Current Principal Place of Business:**

4308 ALTON ROAD  
SUITE 860  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

16445 COLLINS AVENUE  
422  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 65-0976070

**Certificate of Status Desired:** No

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

CAMP, ARMANDO E  
16445 COLLINS AVE  
422  
SUNNY ISLES BEACH, FL 33160 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 DR  
Name CAMP, ARMANDO E  
Address 16445 COLLINS AVE #422  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** ARMANDO E CAMP MD

**PRESIDENT**

**04/28/2016**

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

\_\_\_\_\_  
Date