

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000103278

**Entity Name:** FELIPE ANTONIO DEL VALLE, MD, P.A.

**Current Principal Place of Business:**

7190 S.W. 87TH AVE., STE 203  
MIAMI, FL 33173

**Current Mailing Address:**

7190 S.W. 87TH AVE., STE 203  
MIAMI, FL 33173

**FEI Number:** 65-1025446

**Certificate of Status Desired:** No

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

RODRIGUEZ, JORGE  
9100 S. DADELAND BLVD  
SUITE 1500  
MIAMI, FL 33156 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           PTD  
Name           DEL VALLE, FELIPE AM.D.  
Address        7190 S.W. 87TH AVE., STE 203  
City-State-Zip: MIAMI FL 33173

Title           MS  
Name           DEL VALLE, MONICA L  
Address        7190 S.W. 87TH AVE., STE 203  
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:** MONICA DEL VALLE

**MNGR**

**04/07/2016**

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

\_\_\_\_\_  
Date