

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S21136

Entity Name: RAFAEL R. LOPEZ, M.D., P.A.

Current Principal Place of Business:

3347 SR.7
SUITE 101
WELLINGTON, FL 33449

Current Mailing Address:

1442 CLYDESDALE AVE
WELLINGTON, FL 33414

FEI Number: 65-0235562

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPEZ, RAFAEL R.
3347 SR.7
SUITE 101
WELLINGTON, FL 33449 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 DIRECTOR
Name LOPEZ, RAFAEL R DR.
Address 3349 SR.7 STE 101
City-State-Zip: WELLINGTON FL 33449

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: RAFAEL R LOPEZ MD

DIR

01/17/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date