

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V69217

**Entity Name:** VICENTE ROGER M.D.P.A.

**Current Principal Place of Business:**

1069 KANE CONCOURSE  
BAY HARBOR, FL 33154

**Current Mailing Address:**

1069 KANE CONCOURSE  
BAY HARBOR, FL 33154

**FEI Number:** 65-0356760

**Certificate of Status Desired:** No

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

VICENTE ROGER  
1069 KANE CONCOURSE  
BAY HARBOR, FL 33154 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 VICENTE ROGER, M.D.  
Address 1069 KANE CONCOURSE  
City-State-Zip: BAY HARBOR FL 33154

*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:** VICENTE ROGER

**PRESIDENT**

**04/24/2018**

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

\_\_\_\_\_  
Date