

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 566792

**Entity Name:** BENJAMIN BEFELER, M.D., P.A.

**Current Principal Place of Business:**

NINE ISLAND AVE # 614  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

NINE ISLAND AVE #614  
MIAMI BEACH, FL 33139 US

**FEI Number:** 59-1802055

**Certificate of Status Desired:** No

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

BEFELER, BENJAMIN MD  
NINE ISLAND AVE #614  
MIAMI BEACH, FL 33139 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 BEFELER, BENJAMIN MD  
Address NINE ISLAND AVE # 614  
City-State-Zip: MIAMI BEACH FL 33139

Title MD  
Name BEFELER, BENJAMIN  
Address NINE ISLAND A VE # 614  
City-State-Zip: MIAMI BEACH FL 33139

*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:** BENJAMIN BEFELER, M.D.

**PRES**

**01/23/2013**

Electronic Signature of Signing Officer/Director Detail

Date