

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J61684

Entity Name: BENJAMIN BEFELER, M.D., HIALEAH AMBULATORY, IN C.

Current Principal Place of Business:

BENJAMIN BEFELER, MD
NINE ISLAND AVE # 614
MIAMI BEACH, FL 33139

Current Mailing Address:

BENJAMIN BEFELER, MD
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, MD, BENJAMIN
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
Address NINE ISLAND AVE # 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