

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000118284

Entity Name: DR. NIURKA SANTANA & ASSOCIATES, INC.

Current Principal Place of Business:

4399 NOB HILL RD
SUNRISE, FL 33351

Current Mailing Address:

P.O. BOX 278696
MIRAMAR, FL 33027

FEI Number: 45-0532386

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANTANA, NIURKA MDR.
4399 NOB HILL RD
SUNRISE, FL 33315 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 P
Name SANTANA, NIURKA MDR.
Address P.O. BOX 278696
City-State-Zip: MIRAMAR FL 33027

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: SANTANA , NIURKA

PRESIDENT

04/11/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date