**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 14, 2014**
**Secretary of State**
**CC6942482595**

DOCUMENT# P04000089310

**Entity Name:** ALLAN M. JORGE, M.D., P.A.

**Current Principal Place of Business:**

6705 RED ROAD, SUITE #522
CORAL GABLES, FL 33143

**Current Mailing Address:**

1000 BRICKELL AVENUE, SUITE 300
MIAMI, FL 33131

**FEI Number: 20-1271870**

**Certificate of Status Desired:** No

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

AGI REGISTERED AGENTS, INC.
1000 BRICKELL AVENUE, SUITE 300
MIAMI, FL 33131 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 | DPS | Title | T |
| Name | JORGE, ALLAN MD | Name | FENTON-JORGE, ALLISON P |
| Address | 6705 RED ROAD, SUITE #522 | Address | 6705 RED ROAD, SUITE #522 |
| City-State-Zip: | CORAL GABLES FL 33143 | City-State-Zip: | CORAL GABLES FL 33143 |

*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: ALLAN JORGE D/P 04/14/2014

Electronic Signature of Signing Officer/Director Detail — Date