

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000126046

Entity Name: HOMESTEAD MEDICAL CLINIC, P.A.

Current Principal Place of Business:

43 NE 15 STREET
HOMESTEAD, FL 33030

Current Mailing Address:

43 NE 15 STREET
HOMESTEAD, FL 33030 US

FEI Number: 11-3759938

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DELGADO, MARTA I
43 NE 15 STREET
HOMESTEAD, FL 33030 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 PD
Name DELGADO, MARTA I
Address 43 NE 15 STREET
City-State-Zip: HOMESTEAD FL 33030

Title VP
Name DELGADO, MARIA ILEANA MD
Address 14972 SW 173 TERRACE
City-State-Zip: MIAMI FL 33187

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: MARTA I DELGADO

PRESIDENT

04/08/2014

Electronic Signature of Signing Officer/Director Detail

Date