

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000119684

**Entity Name:** INVERRARY MEDICAL CENTER, P.A.

**Current Principal Place of Business:**

4500 INVERRARY BLVD  
LAUDERHILL, FL 33319

**Current Mailing Address:**

4500 INVERRARY BLVD  
LAUDERHILL, FL 33319

**FEI Number:** 14-2012012

**Certificate of Status Desired:** No

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

DONNA A. WILLIAMS  
4500 INVERRARY BLVD  
LAUDERHILL, FL 33319 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 D  
Name FAYIGA, ADEBAYO MD  
Address 4500 INVERRARY BLVD  
City-State-Zip: LAUDERHILL FL 33319

Title PT  
Name WILLIAMS, DONNA APA-C  
Address 4500 INVERRARY BLVD  
City-State-Zip: LAUDERHILL FL 33319

Title VP  
Name ZANABRIA, LUCIA  
Address 4500 INVERRARY BLVD  
City-State-Zip: LAUDERHILL FL 33319

Title S  
Name SMALLING, PAULETTE ARNP  
Address 4500 INVERRARY BLVD  
City-State-Zip: LAUDERHILL FL 33319

*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:** DONNA A. WILLIAMS

PT

04/28/2013

Electronic Signature of Signing Officer/Director Detail

Date