

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000065890

Entity Name: WILJON W. BELTRE MD, PA

Current Principal Place of Business:

106 BOSTON AVE, SUITE 209
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

106 BOSTON AVE
209
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 27-3519099

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BELTRE, WILJON WMD
106 BOSTON AVE SUITE 209
ALTAMONTE SPRINGS, FL 32701 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 BELTRE, WILJON W
Address 3416 HOLLIDAY AVE
City-State-Zip: APOPKA FL 32703

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: WILJON W. BELTRE

MD

01/13/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date