

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000006379

**Entity Name:** BRIAN M. OLIVEIRA, M.D., P.A.

**Current Principal Place of Business:**

14 C MARINA ISLES BLVD  
INDIAN HARBOR BEACH, FL 32937

**Current Mailing Address:**

14 C MARINA ISLES BLVD  
INDIAN HARBOR BEACH, FL 32937 US

**FEI Number:** 59-2409554

**Certificate of Status Desired:** No

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

OLIVEIRA, BRIAN  
14 C MARINA ISLES BLVD  
INDIAN HARBOR BEACH, FL 32937 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 PVST  
Name OLIVEIRA, BRIAN  
Address 14 C MARINA ISLES BLVD  
City-State-Zip: INDIAN HARBOR BEACH FL 32937

Title D  
Name OLIVEIRA, BRIAN  
Address 14 C MARINA ISLES BLVD  
City-State-Zip: INDIAN HARBOR BEACH FL 32937

*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:** BRIAN OLIVEIRA

**DR/PRESIDENT**

**03/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date