

2014 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

PRESIDENT

04/20/2014

Electronic Signature of Signing Officer/Director Detail

Date