

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000052551

Entity Name: BEACH MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

4308 ALTON ROAD, SUITE 860
MIAMI BEACH, FL 33140

Current Mailing Address:

4308 ALTON ROAD, SUITE 860
MIAMI BEACH, FL 33140

FEI Number: 46-0567449

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MERLINO, GARY D.O.
4308 ALTON ROAD, SUITE 860
MIAMI BEACH, FL 33140 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 PTD
Name MERLINO, GARY D.O.
Address 4308 ALTON ROAD, SUITE 860
City-State-Zip: MIAMI BEACH FL 33140

Title VP, SECRETARY, DIRECTOR
Name DEL VALLE, ALEJANDRO D.O.
Address 4308 ALTON ROAD, SUITE 860
City-State-Zip: MIAMI BEACH FL 33140

Title VP
Name TORRES, ANA MARIA DR.
Address 4308 ALTON ROAD, SUITE 860
City-State-Zip: MIAMI BEACH FL 33140

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: GARY J MERLINO

PRESIDENT

03/29/2016

Electronic Signature of Signing Officer/Director Detail

Date