

**2016 FLORIDA PROFIT CORPORATION AMENDED 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**

**08/24/2016**

Electronic Signature of Signing Officer/Director Detail

Date