

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000078494

Entity Name: ELBA MORA M.D. PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

1840 WEST 49TH STREET #516
HIALEAH, FL 33012

Current Mailing Address:

1840 WEST 49TH STREET #516
HIALEAH, FL 33012

FEI Number: 65-0680892

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORA, ELBA
10347 LIMA STREET
COOPER CITY, FL 33026 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,S
Name MORA, ELBA
Address 10347 LIMA STREET
City-State-Zip: COOPER CITY FL 33026

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: ELBA MORA MD

PRESIDENT

01/12/2014

Electronic Signature of Signing Officer/Director Detail

Date