# 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000007551

Entity Name: CICERO ORTHO-MED CENTER, INC.

## **Current Principal Place of Business:**

750 SW 49TH AVENUE CORAL GABLES, FL 33134

#### **Current Mailing Address:**

750 SW 49TH AVENUE CORAL GABLES. FL 33134

# FEI Number: 65-0721807

## Name and Address of Current Registered Agent:

CICERO, ANA 750 SW 49TH AVE CORAL GABLES, FL 33134 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:	ANA CICERO	01/13/2	2014
	Electronic Signature of Registered Agent	Date	e

#### Officer/Director Detail :

**-**...

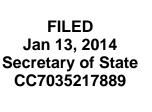
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Name	CICERO, ANA
Address	750 SW 49 AVE
City-State-Zip:	MIAMI FL 33134

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.

PRES

01/13/2014 Date

Electronic Signature of Signing Officer/Director Detail



# Certificate of Status Desired: No