

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

Certificate of Status Desired: No

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

01/13/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
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.

SIGNATURE: ANA CICERO

PRES

01/13/2014

Electronic Signature of Signing Officer/Director Detail

Date