

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M58805

FILED  
Mar 22, 2011  
Secretary of State

**Entity Name:** COYA MEDICAL CENTER P.A.

**Current Principal Place of Business:**

2580 SW 107 AVE  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

2580 SW 107 AVE  
MIAMI, FL 33165

**New Mailing Address:**

**FEI Number:** 59-2846071

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TORRE-COYA, IVONNE F.  
2580 SW - 107 ACRE  
MIAMI, FL 33165 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: TORRE-COYA, IVONNE F.  
Address: 115 SW 127 AVE.  
City-St-Zip: MIAMI, FL

Title: VD  
Name: DIEGO, MARIA LUISA  
Address: 115 SW 127 AVE.  
City-St-Zip: MIAMI, FL

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: IVONNE F. TORRE-COYA

P

03/22/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date