

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M58805

FILED
Feb 15, 2012
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: TORRE-COYA IVONNE F.

P

02/15/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date