

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745269

**Entity Name:** CORAL REEF MEDICAL PARK, INC.

**Current Principal Place of Business:**

9299 S.W. 152ND STREET  
MIAMI, FL 33157

**FILED**  
**Apr 03, 2015**  
**Secretary of State**  
**CC4835097244**

**Current Mailing Address:**

9000 SW 152 STREET  
102  
MIAMI, FL 33157 US

**FEI Number: 59-1902036**

**Certificate of Status Desired: No**

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

MILHEISER, PETER  
13627 DEERING BAY DRIVE  
SUITE 703  
CORAL GABLES, FL 33158 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  
Name MILLHEISER, PETER DR  
Address 9299 S.W. 152ND STREET 104  
City-State-Zip: MIAMI FL 33157

Title VP  
Name STURGE, KARL DR  
Address 9299 S.W. 152ND STREET  
City-State-Zip: MIAMI FL 33157

Title S  
Name PAGAN, JUAN DR  
Address 9299 S.W. 152ND STREET SUITE 201  
City-State-Zip: MIAMI FL 33157

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PETER MILLHEISER**

**PRESIDENT**

**04/03/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date