

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005526

Entity Name: CENTER FOR PHYSICIAN RESPONSE, INC.

Current Principal Place of Business:

7350 S.W. 108 TERRACE
MIAMI, FL 33156

Current Mailing Address:

7350 S.W. 108 TERRACE
MIAMI, FL 33156 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FISHER, JEROME P
7350 S.W. 108 TERRACE
MIAMI, FL 33156 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 PRES
Name FISHER, JEROME P
Address 7350 S.W. 108 TERRACE
City-State-Zip: MIAMI FL 33156

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: JEROME P. FISHER

PRES.

01/11/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date