

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 549830

Entity Name: ADOLFO N. MILLAN, M.D., P.A.

Current Principal Place of Business:

5601 CORPORATE WAY #206
WEST PALM BEACH, FL 33407

Current Mailing Address:

5601 CORPORATE WAY #206
WEST PALM BEACH, FL 33407 US

FEI Number: 59-1783894

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLAN, ADOLFO
5601 CORPORATE WAY #206
WEST PALM BEACH, FL 33407 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 PD
Name MILLAN, ADOLFO N., M.D.
Address 5601 CORPORATE WAY #206
City-State-Zip: WEST PALM BEACH FL 33407

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: ADOLFO N. MILLAN

P

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date