

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 602972

**FILED**  
**Jan 07, 2014**  
**Secretary of State**  
**CC7175429789**

**Entity Name:** MARIANO D. CIBRAN, MD, CORP.

**Current Principal Place of Business:**

4278 28TH STREET NORTH  
ST. PETERSBURG, FL 33714

**Current Mailing Address:**

4278 28TH STREET NORTH  
ST. PETERSBURG, FL 33714 US

**FEI Number:** 59-1355883

**Certificate of Status Desired:** No

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

LEWIS, MARK R.  
6830 CENTRAL AVENUE, SUITE D  
ST. PETERSBURG, FL 33707 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 PDT  
Name CIBRAN, MARIANO  
Address 1012-4TH ST.,S.  
City-State-Zip: ST. PETERSBURG FL

Title S  
Name CIBRAN,MARIANO  
Address 1012-4TH ST.,S.  
City-State-Zip: ST. PETERSBURG FL

Title VP  
Name CIBRAN, MICHAEL AVICE PR  
Address 4278 28TH STREET  
City-State-Zip: ST. PETERSBURG FL 33714

*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:** MICHAEL CIBRAN

**PRESIDENT**

**01/07/2014**

Electronic Signature of Signing Officer/Director Detail

Date