

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 603856

**Entity Name:** J.M. CAMPOAMOR, M. D., P. A.

**Current Principal Place of Business:**

730 GOODLETTE RD.  
SUITE 200  
NAPLES, FL 34102

**Current Mailing Address:**

730 GOODLETTE RD.  
SUITE 200  
NAPLES, FL 34102 US

**FEI Number:** 59-1410986

**Certificate of Status Desired:** No

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

CAMPOAMOR, J. M., M.D.  
730 GOODLETTE RD.  
SUITE 200  
NAPLES, FL 34102 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            PTD  
Name            CAMPOAMOR, J M  
Address        12250 TAMIAMI TRAIL EAST  
                  SUITE 201  
City-State-Zip:   NAPLES FL 34113

*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:** JM CAMPOAMOR MD

**PRESIDENT**

**04/22/2015**

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

\_\_\_\_\_  
Date