

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 689338

**Entity Name:** TERESITA L. REPIEDAD M.D., P.A.

**Current Principal Place of Business:**

1216 S.E. 24TH ROAD  
OCALA, FL 34471

**Current Mailing Address:**

1216 S.E. 24TH ROAD  
OCALA, FL 34471

**FEI Number:** 59-2031464

**Certificate of Status Desired:** No

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

REPIEDAD, TERESITA L MD  
1216 S.E. 24TH ROAD  
OCALA, FL 32671 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	DR	Title	VP
Name	REPIEDAD, TERESITA L	Name	REPIEDAD, AGUINALDO V
Address	1216 S.E. 24TH ROAD	Address	1216 S.E. 24TH ROAD
City-State-Zip:	OCALA FL	City-State-Zip:	OCALA FL

*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:** TERESITA REPIEDAD

**PRESIDENT**

**03/22/2013**

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

\_\_\_\_\_  
Date