

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F51407

Entity Name: LUIS D. BERRIOS M.D., PA

Current Principal Place of Business:

425 CROSS ST
PUNTA GORDA, FL 33950

Current Mailing Address:

425 CROSS ST
PUNTA GORDA, FL 33950

FEI Number: 59-2129885

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LUIS D BERRIOS MD PA MONEYPURCHASE PENSION
425 CROSS ST
PUNTA GORDA, FL 33950 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 DP
Name BERRIOS, LUIS D
Address 425 CROSS ST
City-State-Zip: PUNTA GORDA FL 33950

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: LUIS D BERRIOS

DP

04/29/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date