

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G61066

Entity Name: ROMEO S. COLINA, M.D., P.A.

Current Principal Place of Business:

1900 NEBRASKA AVE #8
FORT PIERCE, FL 34950

Current Mailing Address:

1900 NEBRASKA AVE #8
FORT PIERCE, FL 34950

FEI Number: 59-2364957

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCUEN, LYNN E
1900 NEBRASKA AVE #8
FT. PIERCE, FL 34950 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 ROMEO S COLINA,M.D.,PA
Address 1900 NEBRASKA AVE #8
City-State-Zip: FT. PIERCE FL 34950

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: SHATELL HYPOLITE

MA

01/14/2015

Electronic Signature of Signing Officer/Director Detail

Date