

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J80919

Entity Name: MARIO O. LAPLUME, M.D., P.A.

Current Principal Place of Business:

90 S.W. 8TH STREET
SUITE 251
MIAMI, FL 33130

Current Mailing Address:

P.O. BOX 402009
MIAMI BEACH, FL 33140

FEI Number: 59-2827113

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROVIN, GARY B
3350 SOUTH DIXIE HIGHWAY
MIAMI, FL 33156 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 P
Name LAPLUME, MARIO O. M.D.
Address 1300 CORAL WAY, STE 202
City-State-Zip: MIAMI FL 33145

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: MARIO O. LAPLUME

PRESIDENT

04/23/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date