

**2014 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 GARBARINO

**PRESIDENT**

**04/24/2014**

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

\_\_\_\_\_  
Date