

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K11216

Entity Name: LANCE P. RAIFFE, M.D., P.A.

Current Principal Place of Business:

4302 ALTON ROAD
SUITE 620
MIAMI BEACH, FL 33140

Current Mailing Address:

4302 ALTON ROAD
SUITE 620
MIAMI BEACH, FL 33140

FEI Number: 65-0020925

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAIFFE, LANCE P. MD
4302 ALTON ROAD
SUITE 620
MIAMI BEACH, FL 33140 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 PD
Name RAIFFE, LANCE P MD
Address 4302 ALTON ROAD, 620
City-State-Zip: MIAMI BEACH FL 33140

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: LANCE P. RAIFFE

PRESIDENT

01/20/2014

Electronic Signature of Signing Officer/Director Detail

Date