

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L41948

**Entity Name:** ROSENDO V. DE POSADA MEDICAL OFFICE, CORP.

**Current Principal Place of Business:**

615 SW 57 AVE.  
MIAMI, FL 33144-3970

**Current Mailing Address:**

615 SW 57 AVE.  
MIAMI, FL 33144-3970

**FEI Number:** 59-2586503

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DE POSADA, ROSENDO VALDES  
9800 SW 104TH ST  
MIAMI, FL 33175 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           PTD  
Name           DE POSADA, ROSENDO VALDES  
Address        9800 SW 104TH ST  
City-State-Zip: MIAMI FL 33176

Title           SD  
Name           DE POSADA, ILIANA VALDES  
Address        9800 SW 104TH ST  
City-State-Zip: MIAMI FL 33176

*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:** ROSENDO VALDES DE POSADA

D

03/26/2014

Electronic Signature of Signing Officer/Director Detail

Date