

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L51070

Entity Name: JOSEPH F. SEBER, M.D., P.A.

Current Principal Place of Business:

16870 NE 19TH AVE
N. MIAMI BEACH, FL 33162

Current Mailing Address:

16870 NE 19TH AVE
N. MIAMI BEACH, FL 33162

FEI Number: 65-0171911

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEBER, JOSEPH F., M.D.
16870 NE 19TH AVE.
N. MIAMI BEACH, FL 33162 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 D
Name SEBER, JOSEPH F
Address 16870 NE 19TH AVE
City-State-Zip: N. MIAMI BEACH FL 33162

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: JOSEPH F SEBER

PRESIDENT

04/18/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date