

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M36617

Entity Name: LUIS R. GARCIA-MAYOL M.D. P.A.

Current Principal Place of Business:

747 PONCE DE LEON BVVD
SUITE 605
CORAL GABLES, FL 33134

Current Mailing Address:

747 PONCE DE LEON BVVD
SUITE 605
CORAL GABLES, FL 33134

FEI Number: 59-2704570

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARCIA-MAYOL, LUIS R. M.D.
747 PONCE DE LEON BLVD.
SUITE 605
CORAL GABLES, FL 33134 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 DP
Name GARCIA-MAYOL, LUIS R.
Address 747 PONCE DE LEON BLVD, SUITE
605
City-State-Zip: CORAL GABLES FL 33134

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: LUIS GARCIA- MAYOL

PRESIDENT

01/10/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date