

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M54359

**Entity Name:** IVAN A. MONTOYA M.D., P.A.

**Current Principal Place of Business:**

151 CAPE FLORIDA DR  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

P.O. BOX 1168  
KEY BISCAYNE, FL 33149 US

**FEI Number:** 59-2812596

**Certificate of Status Desired:** Yes

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

MONTOYA, IVAN  
151 CAPE FLORIDA DR.  
KEY BISCAYNE, FL 33149 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 MONTOYA, IVAN A.  
Address 151 CAPE FLORIDA DR  
City-State-Zip: KEY BISCAYNE FL 33149

*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:** IVAN MONTOYA

**PRESIDENT**

**01/09/2015**

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

\_\_\_\_\_  
Date