

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M55681

Entity Name: LUIS C. QUINTERO M.D. P.A.

Current Principal Place of Business:

420 S. DIXIE HWY
STE 4-E
CORAL GABLES, FL 33146

Current Mailing Address:

420 S. DIXIE HWY
STE 4-E
CORAL GABLES, FL 33146

FEI Number: 59-2830195

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUINTERO, LUIS C.
420 S. DIXIE HWY., STE. 4-E
CORAL GABLES, FL 33146 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 PSTD
Name QUINTERO, LUIS C.
Address 420 S. DIXIE HWY. STE. 4E
City-State-Zip: CORAL GABLES FL 33146

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 QUINTERO

PSTD

04/22/2014

Electronic Signature of Signing Officer/Director Detail

Date