

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M58805

**Entity Name:** COYA MEDICAL CENTER P.A.

**Current Principal Place of Business:**

2580 SW 107TH AVE  
MIAMI, FL 33165

**Current Mailing Address:**

2580 SW 107TH AVE  
MIAMI, FL 33165 US

**FEI Number: 59-2846071**

**Certificate of Status Desired: No**

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

TORRE-COYA, IVONNE F.  
2580 SW 107TH AVE  
MIAMI, FL 33165 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 PSD  
Name TORRE-COYA, IVONNE F.  
Address 115 SW 127TH AVE.  
City-State-Zip: MIAMI FL 33184

Title VD  
Name DIEGO, MARIA LUISA  
Address 115 SW 127TH AVE.  
City-State-Zip: MIAMI FL 33184

*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: IVONNE F. TORRE-COYA, MD**

**PSD**

**03/09/2014**

Electronic Signature of Signing Officer/Director Detail

Date