

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M58805

Entity Name: COYA MEDICAL CENTER P.A.

Current Principal Place of Business:

2580 SW 107 AVE
MIAMI, FL 33165

Current Mailing Address:

2580 SW 107 AVE
MIAMI, FL 33165

FEI Number: 59-2846071

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TORRE-COYA, IVONNE F.
2580 SW - 107 ACRE
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	Title	VD
Name	TORRE-COYA, IVONNE F.	Name	DIEGO, MARIA LUISA
Address	115 SW 127 AVE.	Address	115 SW 127 AVE.
City-State-Zip:	MIAMI FL	City-State-Zip:	MIAMI FL

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

PRESIDENT

04/25/2013

Electronic Signature of Signing Officer/Director Detail

Date