

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000013457

**Entity Name:** EDUARDO MONTILLA, M.D., P.A.

**Current Principal Place of Business:**

1435 WEST 49TH PLACE  
SUITE 201  
HIALEAH, FL 33012

**Current Mailing Address:**

1435 WEST 49TH PLACE  
SUITE 201  
HIALEAH, FL 33012

**FEI Number:** 65-0998127

**Certificate of Status Desired:** No

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

MONTILLA, EDUARDO MD  
1435 W. 49TH PLACE  
SUITE 201  
HIALEAH, FL 33012 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 MONTILLA, EDUARDO MD  
Address 1435 WEST 49TH PLACE SUITE 201  
City-State-Zip: HIALEAH FL 33012

*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:** EDUARDO MONTILLA

**PRESIDENT**

**04/23/2015**

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

\_\_\_\_\_  
Date