

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000013899

**Entity Name:** JULIAN C. MUNOZ M.D., P.A.

**Current Principal Place of Business:**

750 EAST 49TH STREET  
HIALEAH, FL 33013

**Current Mailing Address:**

750 EAST 49TH STREET  
HIALEAH, FL 33013

**FEI Number:** 65-0979599

**Certificate of Status Desired:** No

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

MUNOZ, JULIAN C  
750 EAST 49TH STREET  
HIALEAH, FL 33013 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 MUNOZ, JULIAN C  
Address 13134 N.W. 11TH STREET  
City-State-Zip: PEMBROKE PINES FL 33028

*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:** MUNOZ , JULIAN C

PSTD

03/15/2014

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

\_\_\_\_\_ Date