

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000061778

**Entity Name:** LINDA F. BACH, M.D., P.A.

**Current Principal Place of Business:**

660 NE 95TH ST.  
SUITE 1  
MIAMI SHORES, FL 33138

**Current Mailing Address:**

660 NE 95TH ST.  
SUITE 1  
MIAMI SHORES, FL 33138 US

**FEI Number:** 65-1025557

**Certificate of Status Desired:** No

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

BACH, LINDA F  
2075 ARCH CREEK DR  
NO MIAMI, FL 33181 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:** LINDA F. BACH, M.D.

01/16/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DR.  
Name BACH, LINDA F  
Address 2075 ARCH CREEK DR  
City-State-Zip: NO MIAMI FL 33181

*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:** LINDA F.BACH, M.D.

**PRES/OWNER**

01/16/2014

Electronic Signature of Signing Officer/Director Detail

Date