

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000097169

Entity Name: EDUARDO BORGES, M.D., P.A.

Current Principal Place of Business:

1700 SE HILLMOOR DRIVE
SUITE 501
PORT ST. LUCIE, FL 34952

Current Mailing Address:

1700 SE HILLMOOR DRIVE
SUITE 501
PORT ST. LUCIE, FL 34952

FEI Number: 65-1049094

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BORGES, EDUARDO
1700 SE HILLMOOR DRIVE
SUITE 501
PORT ST. LUCIE, FL 34952 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 D
Name BORGES, EDUARDO F
Address 1700 SE HILLMOOR DRIVE SUITE 501

City-State-Zip: PORT ST. LUCIE FL 34952

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 BORGES, MD

DIRECTOR

03/25/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date