

**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