

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000040886

Entity Name: JOSE I. GARRI, M.D., D.M.D., P.A.

Current Principal Place of Business:

650 WEST AVE. APT #705
MIAMI BEACH, FL 33139

Current Mailing Address:

650 WEST AVE. APT #705
MIAMI BEACH, FL 33139

FEI Number: 01-0671642

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE MEDILAW FIRM
325 ALMERIA AVENUE
CORAL GABLES, FL 33134 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 PD
Name GARRI, JOSE I
Address 650 WEST AVE. APT #705
City-State-Zip: MIAMI BEACH FL 33139

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: JOSE I GARRI MD

OWNER

01/22/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date