

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000065056

**FILED**  
**Jan 16, 2014**  
**Secretary of State**  
**CC8083139464**

**Entity Name:** MANUEL A. OJEDA, MD, P.A.

**Current Principal Place of Business:**

6039 COLLINS AVE. #311  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

6039 COLLINS AVE. #311  
MIAMI BEACH, FL 33140

**FEI Number: 01-0720868**

**Certificate of Status Desired: No**

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

HEREDIA, JORGE DCPA  
1428 SW 124 PL  
MIAMI, FL 33184 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	Title	SD
Name	OJEDA, MANUEL AMD	Name	JIMENEZ, ALEXANDRA
Address	6039 COLLINS AVE. #311	Address	6039 COLLINS AVE. #311
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	MIAMI BEACH FL 33140

*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: ALEXANDRA JIMENEZ**

**SECRETARY**

**01/16/2014**

Electronic Signature of Signing Officer/Director Detail

Date