

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000010374

**Entity Name:** GABRIELA CORA-LOCATELLI, M.D., P.A.

**Current Principal Place of Business:**

8101 BISCAYNE BOULEVARD  
516  
MIAMI, FL 33138

**Current Mailing Address:**

680 GRAND CONCOURSE  
MIAMI SHORES, FL 33138

**FEI Number: 14-1869814**

**Certificate of Status Desired: No**

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

CORA, GABRIELA  
680 GRAND CONCOURSE  
MIAMI SHORES, FL 33138 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	CEO	Title	P
Name	CORA, GABRIELA	Name	CORA, GABRIELA
Address	680 GRAND CONCOURSE	Address	680 GRAND CONCOURSE
City-State-Zip:	MIAMI SHORES FL 33138	City-State-Zip:	MIAMI SHORES FL 33138

*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: GABRIELA CORA**

**CEO**

**02/27/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date