

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000032135

Entity Name: DOCPTA MEDICAL CLINIC, INC.

Current Principal Place of Business:

7235 CORAL WAY
214
MIAMI, FL 33155

Current Mailing Address:

7235 CORAL WAY
214
MIAMI, FL 33155 US

FEI Number: 71-0940148

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEDINA, PEDRO
3401 SW 129 AVE
MIAMI, FL 33175 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 P
Name MEDINA, PEDRO
Address 3401 SW 129 AVE
City-State-Zip: MIAMI FL 33175

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: PEDRO MEDINA

PRESIDENT

03/29/2013

Electronic Signature of Signing Officer/Director Detail

Date