

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000032135

**Entity Name:** DOCPTA MEDICAL CLINIC, INC.

**Current Principal Place of Business:**

3401 S.W 129 AVE  
MIAMI, FL 33175

**Current Mailing Address:**

3401 S.W 129 AVE  
MIAMI, FL 33175 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**

**04/28/2014**

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

\_\_\_\_\_ Date