

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000112121

**Entity Name:** NORA E. BOLANOS, M.D., P.A.

**Current Principal Place of Business:**

319 W OAKS ST  
KISSIMMEE, FL 34741

**Current Mailing Address:**

319 W OAKS ST  
KISSIMMEE, FL 34741

**FEI Number:** 42-1637902

**Certificate of Status Desired:** No

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

CARRION, JULIO RESQ.  
111 EAST MONUMENT AVE  
SUITE 314  
KISSIMMEE, FL 34741 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            PRES  
Name            BOLANOS, NORA EM.D.  
Address        3851 BROOKMYRA DRIVE  
City-State-Zip: ORLANDO FL 32837

*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:** NORA E. BOLANOS

PRES

04/30/2014

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

\_\_\_\_\_  
Date