

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000134674

**Entity Name:** RAFAEL GOTTENGER M.D., P.A.

**Current Principal Place of Business:**

7500 SW 87TH AVE  
202  
MIAMI, FL 33173

**Current Mailing Address:**

P.O. BOX 431900  
SOUTH MIAMI, FL 33243

**FEI Number: 34-2023506**

**Certificate of Status Desired: No**

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

RAFAEL, GOTTENGER MD  
7500 SW 87TH SUITE 202  
MIAMI, FL 33173 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  
Name GOTTENGER, RAFAEL  
Address 7500 SW 87TH AVE SUITE 202  
City-State-Zip: MIAMI FL 33173

*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: RAFAEL GOTTENGER

PRESIDENT

03/25/2013

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

\_\_\_\_\_ Date