

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000163070

Entity Name: GUSTAVO A. TORRES, M.D., P.A.

Current Principal Place of Business:

3611 SW 139TH CT.
MIAMI, FL 33175

Current Mailing Address:

3611 SW 139TH CT.
MIAMI, FL 33175

FEI Number: 20-1966760

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TORRES, GUSTAVO AMD
3611 SW 139TH CT.
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 PD
Name TORRES, GUSTAVO AMD
Address 3611 SW 139TH CT.
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: GUSTAVO A. TORRES

PRESIDENT

02/26/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date