

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000072627

Entity Name: GLORIOSA ANTIPORDA, M.D., P.A.

Current Principal Place of Business:

8225 NORMANDY BLVD
JACKSONVILLE, FL 32221

Current Mailing Address:

8225 NORMANDY BLVD
JACKSONVILLE, FL 32221

FEI Number: 20-2857966

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANTIPORDA, GLORIOSA M.D.
8225 NORMANDY BLVD
JACKSONVILLE, FL 32221 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 D
Name ANTIPORDA, GLORIOSA M.D.
Address 5947 COUNTY ROAD 352
City-State-Zip: KEYSTONE HEIGHTS FL 32656

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: GLORIOSA ANTIPORDA

D

04/30/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date