

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000126046

**Entity Name:** HOMESTEAD MEDICAL CLINIC, P.A.

**Current Principal Place of Business:**

43 NE 15 STREET  
HOMESTEAD, FL 33030

**Current Mailing Address:**

43 NE 15 STREET  
HOMESTEAD, FL 33030 US

**FEI Number: 11-3759938**

**Certificate of Status Desired: No**

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

DELGADO, MARTA I  
43 NE 15 STREET  
HOMESTEAD, FL 33030 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 DELGADO, MARTA I  
Address 43 NE 15 STREET  
City-State-Zip: HOMESTEAD FL 33030

Title VP  
Name DELGADO, MARIA ILEANA MD  
Address 14972 SW 173 TERRACE  
City-State-Zip: MIAMI FL 33187

*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: MARTA I DELGADO**

**PRESIDENT**

**04/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date