

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000041603

**Entity Name:** RAUL P. OLAZABAL, M.D., P.A.

**Current Principal Place of Business:**

11955 SW 67 CT  
MIAMI, FL 33156

**Current Mailing Address:**

PO BOX 960  
MARIANNA, FL 32447

**FEI Number: 63-1052311**

**Certificate of Status Desired: No**

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

FIZGERALD, SAMANTHA ESQ  
1395 BRICKELL AVE  
14TH FLOOR  
MIAMI, FL 33131 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            OLAZABAL, RAUL PM.D.  
Address        11955 SW 67 CT  
City-State-Zip: MIAMI FL 33156

*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: RAUL P. OLAZABAL, MD**

**PRESIDENT**

**01/28/2013**

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

\_\_\_\_\_  
Date