

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000049256

**Entity Name:** JORGE LUIS POSADA, M.D., P.A.

**Current Principal Place of Business:**

747 PONCE DE LEON BLVD.  
SUITE 605  
CORAL GABLES, FL 33134

**Current Mailing Address:**

747 PONCE DE LEON BLVD.  
SUITE 605  
CORAL GABLES, FL 33134

**FEI Number:** 27-0313131

**Certificate of Status Desired:** No

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

POSADA, JORGE L DR.  
747 PONCE DE LEON BLVD  
SUITE 605  
CORAL GABLES, FL 33134 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:** JORGE LUIS POSADA

01/10/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DR  
Name POSADA, JORGE L DR.  
Address 747 PONCE DE LEON BLVD.  
SUITE 605  
City-State-Zip: CORAL GABLES FL 33134

*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:** JORGE LUIS POSADA

PRESIDENT

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date