# 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.

Electronic Signature of Signing Officer/Director Detail

El Number: 27-1481078	

GARCIA, MARGARITA 12600 PEMBROKE RD. **STE 300** MIRAMAR, FL 33027 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

#### Officer/Director Detail :

Title PS GARCIA, MARGARITA Name 12600 PEMBROKE ROAD, SUITE 300 Address MIRAMAR FL 33027 City-State-Zip:

## 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P09000097856

Entity Name: PALM SPRINGS MEDICAL MSO OF SOUTH FL PROFESSIONAL ASSOCIATION

## **Current Principal Place of Business:**

12600 PEMBROKE ROAD, SUITE-300 MIRAMAR, FL 33027

## **Current Mailing Address:**

12600 PEMBROKE ROAD, SUITE-300 MIRAMAR, FL 33027

## FE

# Name and Address of Current Registered Agent:

04/30/2013 PRESIDENT SIGNATURE: MARGARITA GARCIA

Date

Certificate of Status Desired: Yes

FILED Apr 30, 2013 Secretary of State CC0137894865

Date