

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000046680

**Entity Name:** JUAN D OMS MD PA

**Current Principal Place of Business:**

95 SHORE DRIVE WEST  
MIAMI, FL 33133

**Current Mailing Address:**

95 SHORE DRIVE WEST  
MIAMI, FL 33133

**FEI Number:** 27-2758307

**Certificate of Status Desired:** No

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

OMS, JUAN D MD  
95 SHORE DRIVE WEST  
MIAMI, FL 33133 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:** JUAN D OMS MD

02/05/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	OMS, JUAN D MD	Name	JUNQUERA, PATRICIA MD
Address	95 SHORE DRIVE WEST	Address	95 SHORE DRIVE WEST
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133

*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:** JUAN D OMS

**PRESIDENT**

02/05/2016

Electronic Signature of Signing Officer/Director Detail

Date