

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000002035

**Entity Name:** ROBERTO A. MIKI, M.D., P.A.

**Current Principal Place of Business:**

6301 SW 110TH STREET  
PINECREST, FL 33156

**Current Mailing Address:**

6301 SW 110TH STREET  
PINECREST, FL 33156 US

**FEI Number:** 35-2401052

**Certificate of Status Desired:** No

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

KOPPEN, R DANIEL  
900 W LINTON BLVD, SUITE 202  
DELRAY BEACH, FL 33444 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            OFFICER  
Name            MIKI, ROBERTO A  
Address        6301 SW 110TH STREET  
City-State-Zip: PINECREST 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:** ROBERTO MIKI

OFFICER

04/24/2014

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

\_\_\_\_\_ Date