

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000017764

**Entity Name:** CRP PHYSICIAN SERVICES, INC

**Current Principal Place of Business:**

2069 SW 195 AVENUE  
MIRAMAR, FL 33029

**Current Mailing Address:**

P.O. BOX 14-4176  
CORAL GABLES, FL 33114 US

**FEI Number: 45-4781004**

**Certificate of Status Desired: No**

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

WILSON, KARREN ESQ  
3849 BUCKINGHAMSHIRE DRIVE  
LAND O LAKES, FL 34638 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            VP  
Name            SIERRA, NILO  
Address        2069 SW 195 AVENUE  
City-State-Zip: MIRAMAR FL 33029

*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: NILO M SIERRA**

**VICE PRESIDENT**

**04/30/2014**

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

\_\_\_\_\_  
Date