

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000027723

**Entity Name:** XAVIER ANTON, M.D., P.A.

**Current Principal Place of Business:**

3629 PALMETTO AVENUE  
MIAMI, FL 33133

**Current Mailing Address:**

3629 PALMETTO AVENUE  
MIAMI, FL 33133 US

**FEI Number:** 45-4918600

**Certificate of Status Desired:** No

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

FELUREN, MARK S  
200 EAST BROWARD BLVD, SUITE 1110  
FORT LAUDERDALE, FL 33301 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            D  
Name            ANTON, XAVIER  
Address        3629 PALMETTO AVENUE  
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:** XAVIER ANTON

**DIRECTOR**

**02/17/2015**

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

\_\_\_\_\_ Date