

2014 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

D

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date