

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000098883

Entity Name: AURELIO ANTONIO ORTIZ M.D., P.A.

Current Principal Place of Business:

4894 NW 7 STREET
MIAMI, FL 33126

Current Mailing Address:

4894 NW 7 STREET
MIAMI, FL 33126

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ORTIZ, AURELIO AM.D.
4894 NW 7 STREET
MIAMI, FL 33126 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 PD
Name ORTIZ, AURELIO AM.D.
Address 4894 NW 7 STREET
City-State-Zip: MIAMI FL 33126

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: ORTIZ , AURELIO AM.D.

PRESIDENT

05/01/2013

Electronic Signature of Signing Officer/Director Detail

Date