

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000100713

Entity Name: PONCE PFT AND MEDICAL SERVICES, INC.

Current Principal Place of Business:

335 SOUTH BISCAYNE BOULEVARD
SUITE 2210
MIAMI, FL 33131

Current Mailing Address:

335 SOUTH BISCAYNE BOULEVARD
SUITE 2210
MIAMI, FL 33131

FEI Number: 46-1534275

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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 PSD
Name PONCE, CARLOS
Address 335 SOUTH BISCAYNE BOULEVARD
#2210
City-State-Zip: MIAMI FL 33131

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: CARLOS E. PONCE

PRESIDENT

04/24/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date