

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000036791

**Entity Name:** FLORIDA MEDICAL CLINIC II, P.A.**Current Principal Place of Business:**38135 MARKET SQUARE  
ZEPHYRHILLS, FL 33542**Current Mailing Address:**38135 MARKET SQUARE  
ZEPHYRHILLS, FL 33542**FEI Number:** 46-2677729**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAIKOFF, NANCY S  
625 COURT STREET STE 200  
CLEARWATER, FL 33756 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	EISNER, MARK S MD
Address	38135 MARKET SQUARE
City-State-Zip:	ZEPHYRHILLS FL 33542

Title	D
Name	FRANK, BARRY MD
Address	38135 MARKET SQUARE
City-State-Zip:	ZEPHYRHILLS FL 33542

Title	D
Name	GUTTENTAG, IRA MD
Address	38135 MARKET SQUARE
City-State-Zip:	ZEPHYRHILLS FL 33542

Title	D
Name	HUGHES, PAUL E MD
Address	38135 MARKET SQUARE
City-State-Zip:	ZEPHYRHILLS FL 33542

Title	D
Name	SARAIYA, CHANDRESH S MD
Address	38135 MARKET SQUARE
City-State-Zip:	ZEPHYRHILLS FL 33542

Title	D
Name	SIKES, DAVID H MD
Address	38135 MARKET SQUARE
City-State-Zip:	ZEPHYRHILLS FL 33542

Title	CEO
Name	DELATORRE, JOE
Address	38135 MARKET SQUARE
City-State-Zip:	ZEPHYRHILLS FL 33542

*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:** JOE DELATORRE

CEO

03/20/2014

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