

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000055310

**Entity Name:** JOAQUIN S. MAURY, M.D., P.A.

**Current Principal Place of Business:**

7600 S RED ROAD  
309  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

7600 S RED ROAD  
309  
SOUTH MIAMI, FL 33143 US

**FEI Number:** 46-3083553

**Certificate of Status Desired:** No

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

MAURY, JOAQUIN S MD  
7600 S RED ROAD  
309  
SOUTH MIAMI, FL 33143 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 MAURY, JOAQUIN S MD  
Address 7600 S RED ROAD  
City-State-Zip: SOUTH MIAMI FL 33143

*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:** JOAQUIN S MAURY

PSTD

04/23/2014

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

\_\_\_\_\_  
Date