

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000038229

**Entity Name:** MIAMI MEDICAL PLAZA INC

**Current Principal Place of Business:**

7500 NW 25TH ST  
SUITE 249  
MIAMI, FL 33122-1720

**Current Mailing Address:**

7500 NW 25TH ST  
SUITE 249  
MIAMI, FL 33122-1720 US

**FEI Number:** 46-5562021

**Certificate of Status Desired:** Yes

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

PAVON, FERNANDO J  
7500 NW 25TH ST  
SUITE 249  
MIAMI, FL 33122-1720 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            CEO  
Name            PAVON, FERNANDO J  
Address        7500 NW 25TH ST  
                  SUITE 249  
City-State-Zip: MIAMI FL 33122-1720

Title            DIRECTOR  
Name            CERDA, BYRON S  
Address        7500 NW 25TH ST  
                  SUITE 249  
City-State-Zip: MIAMI FL 33122-1720

*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:** FERNANDO J PAVON

CEO

04/15/2015

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

\_\_\_\_\_  
Date