

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000088780

Entity Name: MIAMI OBGYN PROFESSIONAL CARE, INC.

Current Principal Place of Business:

7100 W 20 AVE, SUITE 803
HIALEAH, FL 33016

Current Mailing Address:

7100 W 20 AVE, SUITE 803
HIALEAH, FL 33016 US

FEI Number: 47-2222090

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

URIARTE, JESUS
10 NW 42 AVE.
SUITE 610
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 P
Name FERNANDEZ, JORGE
Address 7100 W 20 AVE, SUITE 803
City-State-Zip: HIALEAH FL 33016

Title VP
Name STRUBBE, KENNETH
Address 7100 W 20 AVE, SUITE 803
City-State-Zip: HIALEAH FL 33016

Title S
Name SERPA, NURYS
Address 7100 W 20 AVE, SUITE 803
City-State-Zip: HIALEAH FL 33016

Title T
Name SERPA, NIURKA
Address 7100 W 20 AVE, SUITE 803
City-State-Zip: HIALEAH FL 33016

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: NIURKA SERPA

TREASURER

02/11/2015

Electronic Signature of Signing Officer/Director Detail

Date