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.

MDPA

SIGNATURE: FARID MARQUEZ

Electronic Signature of Signing Officer/Director Detail

Entity Name: FARID MARQUEZ, M.D., P.A	۱.

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

3181 CORAL WAY SUITE 302 CORAL GABLES, FL 33145

DOCUMENT# P93000075226

Current Mailing Address:

11222 SW 95 CT MIAMI, FL 33176

FEI Number: 65-0454706

Name and Address of Current Registered Agent:

MARQUEZ, FARID MD PA 3181 CORAL WAY STE 302 CORAL GABLES, 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

Officer/Director Detail :

Title	MD	Title	MD
Name	MARQUEZ, FARID MD PA	Name	MARQUEZ, FARID
Address	3181 CORAL WAY SUITE 302	Address	1435 W 49 PL. SUITE 207
City-State-Zip:	CORAL GABLES FL 33145	City-State-Zip:	HIALEAH FL 33012

FILED Mar 23, 2013 Secretary of State CC2280572976

Certificate of Status Desired: No

03/23/2013 Date

Date