#### 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000002457

**Entity Name: COCONUT GROVE MEDICAL CORPORATION** 

FILED
Jan 19, 2017
Secretary of State
CC2186443240

## **Current Principal Place of Business:**

C/O MICHAEL E. JOHNSON, M.D. 33 FAIRWAY CIRCLE NEW SMYRNA BEACH, FL 32168

# **Current Mailing Address:**

**PO BOX 922** 

NEW SMYRNA BEACH, FL 32170 US

FEI Number: 65-0470484 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

PAIGE, ROBERT EESQ 2151 LEJEUNE RD SUITE 309-A CORAL GABLES, FL 33134 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 Title I

Name JOHNSON MD, MICHAEL E Name HUGHES, ANDREA KELLY

Address 2250 S DIXIE HWY Address 2250 S DIXIE HWY

City-State-Zip: COCONUT GROVE FL 33133 City-State-Zip: COCONUT GROVE FL 33133

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.