

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000037949

**Entity Name:** JUAN E. BATISTA, M.D., P.A.

**Current Principal Place of Business:**

1840 FOREST HILL BLVD., SUITE 101  
WEST PALM BEACH, FL 33406

**Current Mailing Address:**

1840 FOREST HILL BLVD., SUITE 101  
WEST PALM BEACH, FL 33406

**FEI Number:** 65-0506828

**Certificate of Status Desired:** No

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

NUNEZ, RAFAEL  
1840 FOREST HILL BLVD., SUITE 101  
WEST PALM BEACH, FL 33406 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 DPS  
Name NUNEZ, RAFAEL  
Address 11683 MANATEE BAY LANE  
City-State-Zip: WELLINGTON FL 33467

Title DVP  
Name NUNEZ, JACQUELINE  
Address 11683 MANATEE BAY LANE  
City-State-Zip: WEST PALM BEACH FL 33467

Title T  
Name NUNEZ, JACQUELINE  
Address 11683 MANATEE BAY LANE  
City-State-Zip: WEST PALM BEACH FL 33467

*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:** RAFAEL O NUNEZ

**PRESIDENT**

**03/13/2013**

Electronic Signature of Signing Officer/Director Detail

Date