

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000008671

**Entity Name:** JUAN J. PEREZ, M.D., P.A.

**Current Principal Place of Business:**

800 CENTURY MEDICAL DR  
STE A  
TITUSVILLE, FL 32796

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC3820180402**

**Current Mailing Address:**

800 CENTURY MEDICAL DR  
STE A  
TITUSVILLE, FL 32796

**FEI Number: 59-3351924**

**Certificate of Status Desired: No**

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

PEREZ, JUAN JM.D.  
800 CENTURY MEDICAL DR. SUITE A  
TITUSVILLE, FL 32796 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 PS  
Name PEREZ, JUAN JM.D.  
Address 800 CENTURY MEDICAL DR  
City-State-Zip: TITUSVILLE FL 32796

*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: JUAN J PEREZ** \_\_\_\_\_

**PRESIDENT**

**01/12/2015**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date