#### 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. 04/28/2014 **PVST**

### SIGNATURE: JOSEFINA F TUR

Electronic Signature of Signing Officer/Director Detail

# 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P96000073034

Entity Name: JOSEFINA F. TUR, MD, P.A.

# **Current Principal Place of Business:**

4100 NW 9 ST. 100 MIAMI, FL 33126

### **Current Mailing Address:**

4100 NW 9 ST. 100 MIAMI, FL 33126

# FEI Number: 65-0694284

# Name and Address of Current Registered Agent:

TUR, JOSEFINA F 4100 NW 9 ST. 100 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

# **Officer/Director Detail :**

Title	MD	Title	PVST
Name	TUR, JOSEFINA F	Name	TUR, JOSEFINA F
Address	4100 NW 9 ST. #100	Address	4100 NW 9 ST. #100
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126

FILED Apr 28, 2014 Secretary of State CC1111311857

Certificate of Status Desired: No

Date

Date