

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000102416

Entity Name: MARIA O. LOPEZ, M.D., P.A.

Current Principal Place of Business:

1447 MEDICAL PARK BLVD., #405
WELLINGTON, FL 33414

Current Mailing Address:

1447 MEDICAL PARK BLVD., #405
WELLINGTON, FL 33414

FEI Number: 65-0723106

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPEZ, MARIA O
2205 SOUNDINGS CT
WEST PALM BEACH, FL 33413 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 PTSD
Name LOPEZ, MARIA O
Address 2205 SOUNDINGS CT
City-State-Zip: W P B FL 33413

Title V
Name JAWORSKI, SALLI
Address 2019 WHITE CORAL COURT
City-State-Zip: WELLINGTON FL 33414

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: MARIA O.LOPEZ,MD

PRESIDENT

02/26/2013

Electronic Signature of Signing Officer/Director Detail

Date