

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000069788

**Entity Name:** RAFAEL ANTUN, M.D., P.A.

**Current Principal Place of Business:**

1321 N.W. 14TH STREET  
SUITE 303  
MIAMI, FL 33125

**Current Mailing Address:**

1321 N.W. 14TH STREET  
SUITE 303  
MIAMI, FL 33125

**FEI Number:** 65-0773432

**Certificate of Status Desired:** No

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

ANTUN, RAFAEL M.D.  
1321 N.W. 14TH STREET  
SUITE 303  
MIAMI, FL 33125 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 PD  
Name ANTUN, RAFAEL M.D.  
Address 9355 S.W. 93RD PLACE  
City-State-Zip: MIAMI FL 33176

Title V  
Name ANTUN, JACQUELINE M  
Address 9355 SW 93RD PL  
City-State-Zip: MIAMI FL 33176

Title V  
Name LANDA, MONICA M  
Address 5843 SW 32 ST  
City-State-Zip: MIAMI FL 33155

*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 ANTUN

**MANAGER**

**01/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date