

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000025028

**Entity Name:** ARMANDO A. DE FERIA, M.D., P.A.

**Current Principal Place of Business:**

13087 MAJESTIC WAY  
COOPER CITY, FL 33330

**Current Mailing Address:**

P.O. BOX 260825  
PEMBROKE PINES, FL 33026

**FEI Number: 65-0819159**

**Certificate of Status Desired: No**

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

DE FERIA, ARMANDO  
13087 MAJESTIC WAY  
COOPER CITY, FL 33330 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	RA	Title	PRES
Name	DEFERIA, ARMANDO	Name	DEFERIA, ARMANDO AMD
Address	13087 MAJESTIC WAY	Address	13087 MAJESTIC WAY
City-State-Zip:	COOPER CITY FL 33330	City-State-Zip:	COOPER CITY FL 33330

*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: ARMANDO A DE FERIA, MD**

**PRESIDENT**

**04/30/2013**

Electronic Signature of Signing Officer/Director Detail

Date