

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000094427

**Entity Name:** ROGELIO J. ZALDIVAR, M.D., P.A.

**Current Principal Place of Business:**

7500 SW 8 STREET  
STE 203  
MIAMI, FL 33144

**Current Mailing Address:**

7500 SW 8 STREET  
STE 203  
MIAMI, FL 33144

**FEI Number:** 65-0874351

**Certificate of Status Desired:** No

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

BLACK, ROBERT J  
1390 SOUTH DIXIE HWY, STE 1107  
CORAL GABLES, FL 33146 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            D  
Name            ZALDIVAR, ROGELIO JM.D.  
Address        7500 SW 8TH STR # 203  
City-State-Zip: MIAMI FL 33144

*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:** ROGELIO J ZALDIVAR MD

MD

01/13/2014

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

\_\_\_\_\_ Date