

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000002306

Entity Name: EDILIA M. VIVANCO M.D., P.A.

Current Principal Place of Business:

4580 SW 8TH ST.
CORAL GABLES, FL 33134-2543

Current Mailing Address:

4580 SW 8TH ST.
CORAL GABLES, FL 33134-2543

FEI Number: 65-0886285

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VIVANCO, EDILA MM.D.
4580 SW 8TH ST.
CORAL GABLES, FL 33134-2543 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 MD
Name VIVANCO, EDILIA M
Address 8855 COLLINS AVE UNIT 4F
City-State-Zip: SURFSIDE FL 33154

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: EDILIA M VIVANCO

PSDT

04/29/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date