

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000027994

**Entity Name:** JORGE L. MACIA, MD AND ROSA M. MARIN, MD, PA.

**Current Principal Place of Business:**

115 S.E. 4TH ST.  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

115 S.E. 4TH ST.  
BOYNTON BEACH, FL 33435

**FEI Number:** 65-0920438

**Certificate of Status Desired:** No

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

MARIN, ROSA M  
115 S.E. 4TH ST.  
BOYNTON BEACH, FL 33435 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           | STD                    | Title           | PD                     |
| Name            | MARIN, ROSA MMD        | Name            | MACIA, JORGE LMD       |
| Address         | 115 S.E. 4TH ST.       | Address         | 115 S.E. 4TH ST.       |
| City-State-Zip: | BOYNTON BEACH FL 33435 | City-State-Zip: | BOYNTON BEACH FL 33435 |

*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:** JORGE L MACIA MD

**MEDICAL DIRECTOR**

**03/26/2013**

Electronic Signature of Signing Officer/Director Detail

Date