Electronic Signature of Signing Officer/Director Detail

## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# S88656

Entity Name: CELPA CLINIC, INC.

## **Current Principal Place of Business:**

3306 W. SPRUCE ST SUITE A TAMPA, FL 33607

#### **Current Mailing Address:**

3306 W. SPRUCE ST SUITE A TAMPA, FL 33607 US

### FEI Number: 59-3125149

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

CELPA, SONIA M 3306 W. SPRUCE ST. TAMPA, FL 33607 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	SONIA CELPA			03/31/2014
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	P	Title	D	
Name	CELPA, SONIA M	Name	CISNEROS, JORGE T	
Address	3306 WEST SPRUCE ST, SUITE A	Address	3306 - W. SPRUCE ST.	
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607	
Title	D	Title	D	
Name	CELPA, JOSE G	Name	CABRERA, LUZ E	
Address	3306 - W. SPRUCE ST.	Address	3306 - W. SPRUCE ST.	
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607	

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: SONIA M CELPA

PRESIDENT

03/31/2014 Date

FILED Mar 31, 2014 Secretary of State CC4467924593

Certificate of Status Desired: No