

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V53569

**Entity Name:** FRANKLIN PIMENTEL M.D., P.A.

**Current Principal Place of Business:**

747 PONCE DE LEON  
#408  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX #14-1218  
CORAL GABLES, FL 33114 US

**FEI Number:** 65-0346021

**Certificate of Status Desired:** No

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

PIMENTEL, FRANKLIN  
747 PONCE DE LEON  
#408  
CORAL GABLES, FL 33134 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 P  
Name PIMENTEL, FRANKLIN  
Address 747 PONCE DE LEON # 408  
City-State-Zip: CORAL GABLES FL

*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:** FRANKLIN PIMENTEL

**DOCTOR**

**01/15/2014**

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

\_\_\_\_\_  
Date