

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000019332

**Entity Name:** CABA MEDICAL CONSULTANTS, P.A.

**Current Principal Place of Business:**

2856 REGENCY OAK LANE  
ORLANDO, FL 32833

**Current Mailing Address:**

2856 REGENCY OAK LANE  
ORLANDO, FL 32833 US

**FEI Number: 26-4407794**

**Certificate of Status Desired: No**

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

THE MEDILAW FIRM  
325 ALMERIA AVENUE  
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 CABA, ANGELA  
Address 2856 REGENCY OAK LANE  
City-State-Zip: ORLANDO FL 32833

*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: ANGELA CABA**

**P**

**04/30/2014**

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

\_\_\_\_\_  
Date