

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F23543

**Entity Name:** RAFAEL M. HERNANDEZ, M.D., P.A.

**Current Principal Place of Business:**

1385 CORAL WAY, STE 304  
MIAMI, FL 33145

**FILED**  
**Apr 25, 2013**  
**Secretary of State**  
**CC8878444480**

**Current Mailing Address:**

1385 CORAL WAY, STE304  
MIAMI, FL 33145

**FEI Number: 59-2069358**

**Certificate of Status Desired: Yes**

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

HERNANDEZ, RAFAEL M.  
1385 CORAL WAY, SUITE#304  
MIAMI, FL 33145 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 DP  
Name HERNANDEZ, RAFAEL MMD  
Address 1385 CORAL WAY 304  
City-State-Zip: MIAMI FL 33145

Title VP  
Name HERNANDEZ, RAFAEL MD  
Address 1385 CORAL WAY 3RD FLOOR  
City-State-Zip: MIAMI FL 33145

Title VP  
Name PEREZ, JORGE LMD  
Address 1385 CORAL WAY 3RD FLOOR  
City-State-Zip: MIAMI FL 33145

Title VP  
Name SABATES, MARIO AMD  
Address 1385 CORAL WAY 3RD FLOOR  
City-State-Zip: MIAMI FL 33145

*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: RAFAEL M HERNANDEZ MD**

**DP**

**04/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date