

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000020489

**Entity Name:** LIANA PUIG D.D.S. P.A.

**Current Principal Place of Business:**

5870 SW 8TH ST.  
STE. 5  
MIAMI, FL 33144

**Current Mailing Address:**

5870 SW 8TH ST.  
STE. 5  
MIAMI, FL 33144

**FEI Number:** 04-3623235

**Certificate of Status Desired:** No

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

DEL CARMEN PUIG, LIANA  
14213 SW 110 ST.  
MIAMI, FL 33186 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 PVST  
Name DEL CARMEN PUIG, LIANA  
Address 14213 SW 110 ST.  
City-State-Zip: MIAMI FL 33186

Title D  
Name DEL CARMEN PUIG, LIANA  
Address 14213 SW 110 ST.  
City-State-Zip: MIAMI FL 33186

*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:** LIANA DEL CARMEN PUIG

**OWNER**

**04/20/2016**

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

\_\_\_\_\_  
Date