

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000110551

**Entity Name:** LUCERO M. RODRIGUEZ, M.D. P.A.

**Current Principal Place of Business:**

10305 NW 41 ST.  
202  
DORAL, FL 33178

**FILED**  
**Jan 20, 2015**  
**Secretary of State**  
**CC8537786601**

**Current Mailing Address:**

11 N ROYAL PONCIANA BLVD STE 200  
MIAMI SPRINGS, FL 33166

**FEI Number:** 20-3279937

**Certificate of Status Desired:** Yes

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

RODRIGUEZ, LUCERO M  
11 N ROYAL PONCIANA BLVD STE 200  
MIAMI SPRINGS, FL 33166 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	PD	Title	SD
Name	RODRIGUEZ, LUCERO M	Name	RODRIGUEZ, LUIS DDS
Address	11 N ROYAL PONCIANA BLVD STE 200	Address	11 N ROYAL PONCIANA BLVD STE 200
City-State-Zip:	MIAMI SPRINGS FL 33166	City-State-Zip:	MIAMI SPRINGS FL 33166

*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:** LUCERO M. RODRIGUEZ

PD

01/20/2015

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

\_\_\_\_\_  
Date