## **2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000009629

Entity Name: ALEX M. LAM, M.D., P.A.

**Current Principal Place of Business:** 

600 N. HIATUS ROAD SUITE 105

PEMBROKE PINES, FL 33026

## **Current Mailing Address:**

600 N. HIATUS ROAD SUITE 105 PEMBROKE PINES, FL 33026 US

FEI Number: 20-2897801 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

LAM, ALEX M 600 N. HIATUS ROAD SUITE 105 PEMBROKE PINES, FL 33026 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

FILED Jan 09, 2015

**Secretary of State** 

CC9557792571

## Officer/Director Detail:

Title OFFICE MANAGER

Name WATSON, KALEE J

Address 600 N. HIATUS ROAD

SIGNATURE: KALEE WATSON

SUITE 105

City-State-Zip: PEMBROKE PINES FL 33026

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.

Electronic Signature of Signing Officer/Director Detail

OFFICE MANAGER 01/09/2015

Date