

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000077369

**Entity Name:** DANIEL E. CAREAGA, MD, P.A.

**Current Principal Place of Business:**

564 SW LEJEUNE ROAD  
3RD FLOOR  
MIAMI, FL 33134

**FILED**  
**Apr 01, 2013**  
**Secretary of State**  
**CC6934277238**

**Current Mailing Address:**

564 SW LEJEUNE ROAD  
3RD FLOOR  
MIAMI, FL 33134 US

**FEI Number: 27-0944349**

**Certificate of Status Desired: Yes**

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

CAREAGA, DANIEL EDR  
564 SW LEJEUNE ROAD  
3RD FLOOR  
MIAMI, 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 PVST  
Name CAREAGA, DANIEL EDR  
Address 564 SW LEJEUNE ROAD  
3RD FLOOR  
City-State-Zip: MIAMI FL 33134

Title DR.  
Name CAREAGA, DANIEL E  
Address 564 SW LEJEUNE ROAD  
3RD FLOOR  
City-State-Zip: MIAMI FL 33134

*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: DANIEL CAREAGA**

**PRESIDENT**

**04/01/2013**

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

\_\_\_\_\_  
Date