

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000073328

**Entity Name:** ALEIDA HERA, M.D., INC

**Current Principal Place of Business:**

831 SW 22ND ROAD  
MIAMI, FL 33129

**FILED**  
**Feb 01, 2014**  
**Secretary of State**  
**CC2952165096**

**Current Mailing Address:**

831 SW 22ND ROAD  
MIAMI, FL 33129 US

**FEI Number: 45-3021944**

**Certificate of Status Desired: No**

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

HERA, ALEIDA  
831 SW 22ND ROAD  
MIAMI, FL 33129 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 P  
Name HERA, ALEIDA  
Address 831 SW 22ND ROAD  
City-State-Zip: MIAMI FL 33129

*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: ALEIDA HERA**

**PRESIDENT**

**02/01/2014**

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

\_\_\_\_\_  
Date