

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000074074

**Entity Name:** LUIS H. LUGO-ARRENDELL, M.D., P.A.

**Current Principal Place of Business:**

1840 W 49TH STREET  
STE 510  
HIALEAH, FL 33012

**Current Mailing Address:**

C/O BRIAN LYNN, CPA, PA  
TWO S. UNIVERSITY STE. 215  
PLANTATION, FL 33324

**FEI Number:** 65-0614531

**Certificate of Status Desired:** No

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

LYNN, CPA, P.A., BRIAN  
TWO UNIVERSITY DR. STE. 215  
PLANTATION, FL 33324 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  
Name LUGO-ARRENDELL, LUIS H  
Address 1840 WEST 49 ST 510  
City-State-Zip: HIALEAH FL 33012

*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:** LUIS H LUGO-ARRENDELL

**PRESIDENT**

**03/28/2016**

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

\_\_\_\_\_  
Date