

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 31, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L52386**

1. Entity Name  
**ALEJANDRO LOYNAZ, M.D., P.A.**



Principal Place of Business

**2601 S.W. 37 AVE.  
STE. 904  
MIAMI, FL 33133 US**

Mailing Address

**2601 S.W. 37 AVE.  
STE. 904  
MIAMI, FL 33133 US**

**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0177346**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BORRON, JORGE  
3211 PONCE DE LEON BLVD  
302  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**  
NAME **LOYNAZ, ALEJANDRO, M.D.**  
STREET ADDRESS **2601 SW 37 AVE, STE 904**  
CITY-ST-ZIP **MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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U00000408649  
02/08/06-80069-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: ✓ Alejandro Loynaz, M.D.** *Alejandro Loynaz* **1/26/06** **305-774-0277**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #