

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000049325

**FILED**  
**Jun 13, 2012**  
**Secretary of State**

**Entity Name:** DAGMAR LEMUS M.D., P.A.

**Current Principal Place of Business:**

4685 PONCE DE LEON BLVD  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

6061 SW 13 STREET  
WEST MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 20-5379684

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEMUS, DAGMAR R MD, PA  
531 NW 136TH AVE  
MIAMI, FL 331821916 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LEMUS, DAGMAR R MD PA  
**Address:** 4685 PONCE DE LEON BLVD  
**City-St-Zip:** CORAL GABLES, FL 33146

**Title:** D  
**Name:** LEMUS, PEDRO  
**Address:** 531 NW 136TH AVE  
**City-St-Zip:** MIAMI, FL 331821916

**Title:** D  
**Name:** LEMUS, PETER  
**Address:** 531 NW 136TH AVE  
**City-St-Zip:** MIAMI, FL 331821916

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:** DAGMAR LEMUS

P

06/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date