

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000023432

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** LESTER CARRODEGUAS, M.D., P.A.

**Current Principal Place of Business:**

1451 SOUTH MIAMI AVENUE UNIT 2801  
MIAMI, FL 33130

**New Principal Place of Business:**

1451 SOUTH MIAMI AVENUE  
2801  
MIAMI, FL 33130

**Current Mailing Address:**

1451 SOUTH MIAMI AVENUE UNIT 2801  
MIAMI, FL 33130

**New Mailing Address:**

1451 SOUTH MIAMI AVENUE  
2801  
MIAMI, FL 33130

**FEI Number:** 27-2150646

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADAMS, MAX A ESQ  
THE MEDI-LAW FIRM  
1400 NW 10TH AVENUE, PH III  
MIAMI, FL 33136 US

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

CARRODEGUAS, LESTER MD  
1451 SOUTH MIAMI AVENUE  
2801  
MIAMI, FL 33130 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:** LESTER CARRODEGUAS

03/16/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** CARRODEGUAS, LESTER MD  
**Address:** 1451 SOUTH MIAMI AVENUE UNIT 2801  
**City-St-Zip:** MIAMI, FL 33130

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:** LESTER CARRODEGUAS

PSTD

03/16/2011

Electronic Signature of Signing Officer or Director

Date