

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000080771

Entity Name: LYSETTE IGLESIAS M.D. P.A.

**FILED**  
**Apr 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

16425 COLLINS AVE., #1712  
SUNNY ISLES BCH, FL 33160

**New Principal Place of Business:**

2387 WEST 68TH STREET  
SUITE 301  
HIALEAH, FL 33016

**Current Mailing Address:**

16425 COLLINS AVE., #1712  
SUNNY ISLES BCH, FL 33160

**New Mailing Address:**

8031 NW 169 TERRACE  
MIAMI LAKES, FL 33016

FEI Number: 27-3689415

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

IGLESIAS, LYSETTE  
16425 COLLINS AVE., #1712  
SUNNY ISLES BCH, FL 33160 US

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

IGLESIAS, LYSETTE  
8031 NW 169 TERRACE  
HIALEAH, FL 33016 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: LYSETTE IGLESIAS

04/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: M.D  
Name: IGLESIAS, LYSETTE  
Address: 8031 NW 169 TERRACE  
City-St-Zip: HIALEAH, FL 33016

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: LYSETTE IGLESIAS

MD

04/09/2011

Electronic Signature of Signing Officer or Director

Date