

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 457395

**Entity Name:** JUAN F. LAMAS, M.D., P.A.

**Current Principal Place of Business:**

2000 SW 27 AVE  
#301  
MIAMI, FL 33145

**Current Mailing Address:**

2000 SW 27 AVE  
#301  
MIAMI, FL 33145

**FEI Number:** 59-1574700

**Certificate of Status Desired:** Yes

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

BARRNECHE JOSE M  
10820 SW 123RD STREET  
MIAMI, FL 33176 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	SD	Title	PD
Name	BARRENECHE , JOSE M.	Name	LAMAS, ANA M.
Address	1200 BRICKELL AVE. SUITE 500	Address	2000 SW 27 AVE , #301
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33145

*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:** ANA M LAMAS

**PRESIDENT**

**01/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date