

**2016 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

**FILED**  
**Jan 20, 2016**  
**Secretary of State**  
**CC5833442775**

**Current Mailing Address:**

2000 SW 27 AVE  
#301  
MIAMI, FL 33145

**FEI Number: 59-1574700**

**Certificate of Status Desired: No**

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

BARRNECHE JOSE M  
1200 BRICKELL AVE  
500  
MIAMI, FL 33131 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  
Name           BARRENECHE , JOSE M.  
Address        1200 BRICKELL AVE. SUITE 500  
City-State-Zip: MIAMI FL 33131

Title           PD  
Name           LAMAS, ANA M.  
Address        2000 SW 27 AVE , #301  
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 MD**

**PRESIDENT**

**01/20/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date