

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 474890

Entity Name: ABELARDO V. LACANO, M.D., P.A.

Current Principal Place of Business:

6091 NORTH TROPICAL TRAIL
MERRITT ISLAND, FL 32953

Current Mailing Address:

PO BOX 541801
MERRITT ISLAND, FL 32954 US

FEI Number: 59-1586241

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LACANO M.D., ABELARDO V.
6091 NORTH TROPICAL TRAIL
MERRITT ISLAND, FL 32953 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 PD
Name LACANO,ABELARDO V
Address 5091 NORTH TROPICAL TRAIL
City-State-Zip: MERRITT ISLAND FL 32953

Title SD
Name LACANO,SANDRA
Address 6091 NORTH TROPICAL TRAIL
City-State-Zip: MERRITT ISLAND FL 32953

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: SANDRA LACANO

SD

01/13/2015

Electronic Signature of Signing Officer/Director Detail

Date