

**2014 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

02/24/2014

Electronic Signature of Signing Officer/Director Detail

Date