

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 655360

**Entity Name:** VICENTE LAGO, M.D., P.A.

**Current Principal Place of Business:**

351 NW 42 AVENUE  
SUITE #305  
MIAMI, FL 33126

**Current Mailing Address:**

PO BOX 430735  
MIAMI, FL 33243 US

**FEI Number:** 59-1973672

**Certificate of Status Desired:** Yes

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

LAGO, VICENTE MD  
351 NW 42 AVENUE  
#305  
MIAMI, FL 33126 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 LAGO, VICENTE MD PA  
Address 5440 S.W. 59TH AVENUE  
City-State-Zip: MIAMI FL 33155

*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:** VICENTE LAGO MD

MD

05/15/2014

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

\_\_\_\_\_  
Date