

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J11594

**Entity Name:** LUIS MUNOZ, M.D., P.A.

**Current Principal Place of Business:**

262 LEROY GEORGE DR.  
DEPT. OF PATHOLOGY  
CLYDE, NC 28721

**FILED**  
**Mar 24, 2015**  
**Secretary of State**  
**CC1054510764**

**Current Mailing Address:**

208 PARRISH FARM RD  
WAYNESVILLE, NC 28786 US

**FEI Number: 59-2663316**

**Certificate of Status Desired: No**

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

KOSTRO, VICTOR ESQ  
1825 S RIVERVIEW DRIVE  
MELBOURNE, FL 32901 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            PV  
Name            MUNOZ, LUIS A  
Address        262 LEROY GEORGE DR  
City-State-Zip: CLYDE NC 28721

Title            S  
Name            MUNOZ, MILLIE  
Address        208 PARRISH FARM RD  
City-State-Zip: WAYNESVILLE NC 28786

*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: LUIS A. MUNOZ**

**PRESIDENT**

**03/24/2015**

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

\_\_\_\_\_  
Date