

2016 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

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 MD

PRESIDENT

03/10/2016

Electronic Signature of Signing Officer/Director Detail

Date