

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J89595

**Entity Name:** EDUARDO DIEGUEZ, JR., M.D., P.A.

**Current Principal Place of Business:**

120 HEALTHPARK BLVD,  
SUITE # 4  
ST. AUGUSTINE, FL 32086

**Current Mailing Address:**

P O BOX 3105  
ST. AUGUSTINE, FL 32085

**FEI Number: 59-2840334**

**Certificate of Status Desired: No**

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

DIEGUEZ, EDUARDO, JR MD  
120 HEALTH PARK BLVD  
SUITE 4  
ST.AUGUSTINE, FL 32084 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            DR  
Name            DIEGUEZ, EDUARDO JR  
Address        13 MARSHVIEW DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32085

Title            DR  
Name            GOYENECHEA, TERESIANA J.  
Address        13 MARSHVIEW DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32085

*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: EDUARDO DIEGUEZ JR. MD**

**PRESIDENT**

**05/06/2016**

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

\_\_\_\_\_  
Date