#### 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

# 2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J89595

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

### **Current Principal Place of Business:**

811 STATE ROAD 206 EAST SUITE # 1 ST. AUGUSTINE, FL 32086

## **Current Mailing Address:**

P O BOX 3105 ST. AUGUSTINE, FL 32085

# FEI Number: 59-2840334

### Name and Address of Current Registered Agent:

DIEGUEZ, EDUARDO, JR MD 811 STATE ROAD 206 EAST SUITE 1 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:	EDUARDO DIEGUEZ JR MD			01/27/2023
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	DR	Title	DR	
Name	DIEGUEZ, EDUARDO JR	Name	GOYENECHEA, TERESIANA J.	
Address	13 MARSHVIEW DRIVE	Address	13 MARSHVIEW DRIVE	
City-State-Zip:	ST. AUGUSTINE FL 32085	City-State-Zip:	ST. AUGUSTINE FL 32085	

Certificate of Status Desired: No

01/27/2023 Date

**OWNER/PRESIDENT** 

FILED Jan 27, 2023 Secretary of State 6589332896CC

Electronic Signature of Signing Officer/Director Detail