

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K96138

**FILED  
Apr 18, 2019  
Secretary of State  
3865770663CC**

**Entity Name:** HUGO CORRALES M.D. P.A.

**Current Principal Place of Business:**

4752 BAY POINT RD  
MIAMI, FL 33137

**Current Mailing Address:**

4752 BAY POINT RD  
MIAMI, FL 33137

**FEI Number:** 65-0123527

**Certificate of Status Desired:** No

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

CORRALES, HUGO M.D.  
4752 BAY POINT RD  
MIAMI, FL 33137 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           DPV  
Name           CORRALES, HUGO (DR.)  
Address        4752 BAY POINT RD  
City-State-Zip: MIAMI FL

Title           T  
Name           CORRALES, HUGO (DR.)  
Address        4752 BAY POINT RD  
City-State-Zip: MIAMI FL

Title           DS  
Name           CORRALES, LORRAINE MS.  
Address        4752 BAY POINT RD  
City-State-Zip: MIAMI FL

*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:** HUGO CORRALES

**PRESIDENT**

**04/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date