## 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 PRESIDENT

SIGNATURE: HUGO CORRALES M.D. Electronic Signature of Signing Officer/Director Detail

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 above, or on an attachment with all other like empowered.

SIGNATURE:

### **Officer/Director Detail :** DPV Title Title т CORRALES, HUGO (DR.) Name CORRALES, HUGO (DR.) Name Address 4752 BAY POINT RD Address 4752 BAY POINT RD City-State-Zip: MIAMI FL City-State-Zip: MIAMI FL Title DS Name CORRALES, LORRAINE MS. Address 4752 BAY POINT RD City-State-Zip: MIAMI FL

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.

# MIAMI, FL 33137

4752 BAY POINT RD

**Current Mailing Address:** 

DOCUMENT# K96138

4752 BAY POINT RD MIAMI, FL 33137

## FEI Number: 65-0123527 Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

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

**Current Principal Place of Business:** 

CORRALES, HUGO M.D.

4752 BAY POINT RD MIAMI, FL 33137 US

## FILED Apr 12, 2015 Secretary of State CC4713355716

Certificate of Status Desired: No

Date

04/12/2015

Date