

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L52386

**Entity Name:** ALEJANDRO LOYNAZ, M.D., P.A.

**Current Principal Place of Business:**

2601 S.W. 37 AVE.  
505  
MIAMI, FL 33133

**Current Mailing Address:**

2601 S.W. 37 AVE.  
SUITE 505  
MIAMI, FL 33133 US

**FEI Number:** 65-0177346

**Certificate of Status Desired:** No

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

BORRON, JORGE  
4960 SW 72 AVE  
206  
MIAMI, FL 33155 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 D  
Name LOYNAZ, ALEJANDRO DR.  
Address 2601 SW 37 AVE,  
SUITE 505  
City-State-Zip: MIAMI FL 33133

*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:** ALEJANDRO LOYNAZ

**PRESIDENT**

**01/08/2015**

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

\_\_\_\_\_ Date