

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