

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L92581

Entity Name: LAZARO FRAGA, M.D., P.A.

Current Principal Place of Business:

4141 SW 6TH STREET
MIAMI, FL 33134

Current Mailing Address:

P O BOX 351597
MIAMI, FL 33135 US

FEI Number: 65-0212954

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEILLY, BRADFORD JESQ.
1144 SE 3RD AVE
FORT LAUDERDALE, FL 33316 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 DP
Name CASANOVA, RENE M.D.
Address 2222 PONCE DE LEON BLVD.PH
City-State-Zip: CORAL GABLES FL 33134-5030

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: RENE CASANOVA

PRESIDENT

04/10/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date