

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M57298

**Entity Name:** LAZARO BOUZA, MD., P.A.

**Current Principal Place of Business:**

4370 SW 160TH AVE  
MIAMI, FL 33185

**Current Mailing Address:**

4370 S W 160 AVE  
MIAMI, FL 33185

**FEI Number:** 59-2845629

**Certificate of Status Desired:** Yes

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

BOUZA, LAZARO MD PA  
4370 SW 160TH AVE  
MIAMI, FL 33185 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            DIR  
Name            BOUZA, LAZARO MD PA  
Address        4370 SW 160TH AVE  
City-State-Zip: MIAMI FL 33185

*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:** LAZARO BOUZA M.D.

**DIRECTOR**

**04/28/2014**

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

\_\_\_\_\_  
Date