

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000010139

**Entity Name:** ILEANA FUENTES, M.D., P.A.

**Current Principal Place of Business:**

701 NW 57 AVE  
SUITE 350  
MIAMI, FL 33126

**Current Mailing Address:**

701 NW 57 AVE  
SUITE 350  
MIAMI, FL 33126 US

**FEI Number:** 65-0976412

**Certificate of Status Desired:** No

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

FUENTES, ILEANA  
3150 S.W. 108 AVE  
MIAMI, FL 33165 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 P  
Name FUENTES, ILEANA  
Address 3150 S.W. 108TH AVENUE  
City-State-Zip: MIAMI FL 33165

*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:** ILEANA FUENTES

**PRESIDENT**

**03/28/2016**

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

\_\_\_\_\_  
Date