

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000029168

**Entity Name:** NORA DIEGUEZ, PH.D., P.A.

**FILED**  
**Feb 04, 2013**  
**Secretary of State**  
**CC4123244979**

**Current Principal Place of Business:**

100 MIRACLE MILE  
SUITE 330  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 14-2064  
CORAL GABLES, FL 33114

**FEI Number: 65-1094027**

**Certificate of Status Desired: No**

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

DIEGUEZ, NORA PH.D  
100 MIRACLE MILE  
SUITE 330  
MIAMI, FL 33134 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            DIEGUEZ, NORA PH.D  
Address        P.O. BOX 14-2064  
City-State-Zip: CORAL GABLES FL 33134

Title            S  
Name            VILCHES, ADRIANA D  
Address        P.O.BOX 14-2064  
City-State-Zip: CORAL GABLES FL 33134

*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: NORA DIEGUEZ**

**D**

**02/04/2013**

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

\_\_\_\_\_  
Date