

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000066504

Entity Name: LORENZO J. NEGRET, M.D., P.A.

Current Principal Place of Business:

11760 SW 40TH ST STE 433
MIAMI, FL 33175

Current Mailing Address:

11760 SW 40TH ST STE 433
MIAMI, FL 33175

FEI Number: 38-3653241

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEGRET, LORENZO JMD
11760 SW 40TH ST STE 433
MIAMI, FL 33175 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 PD
Name NEGRET, LORENZO JMD
Address 1538 MALAGA AVE
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: NEGRET LORENZO J. MD

PD

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date