

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000122348

**Entity Name:** ARMANDO FERNANDEZ, M.D., P.A.

**Current Principal Place of Business:**

1036 SNELL ISLE BLVD, NE  
ST PETERSBURG, FL 33704

**Current Mailing Address:**

1036 SNELL ISLE BLVD NE  
ST PETERSBURG, FL 33704 US

**FEI Number:** 51-0434559

**Certificate of Status Desired:** No

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

FERNANDEZ, ARMANDO  
1036 SNELL ISLE BLVD, NE  
ST PETERSBURG, FL 33704 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 PSCS  
Name FERNANDEZ, ARMANDO  
Address 1036 SNELL ISLE BLVD, NE  
City-State-Zip: ST PETERSBURG FL 33704

*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:** ARMANDO FERNANDEZ

PSCS

03/17/2014

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

\_\_\_\_\_ Date