

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000017228

**Entity Name:** LUIS R. CACERES, D.O., P.A.

**Current Principal Place of Business:**

9260 S.W. 72ND ST.  
SUITE 115  
MIAMI, FL 33173

**Current Mailing Address:**

9260 S.W. 72ND ST.  
SUITE 115  
MIAMI, FL 33173

**FEI Number:** 86-1129148

**Certificate of Status Desired:** No

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

POMARES, FERNANDO  
12002 S.W. 128 CT.  
SUITE 104  
MIAMI, FL 33186 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                  | Title           | D                  |
| Name            | CACERES, LUIS R     | Name            | CACERES, GLORIA R  |
| Address         | 9830 SW 19TH STREET | Address         | 9830 S.W. 19TH ST. |
| City-State-Zip: | MIAMI FL 33165      | 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:** LUIS R. CACERES, III

**PRESIDENT**

**01/20/2014**

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

\_\_\_\_\_  
Date