

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000121656

**Entity Name:** LISETTE NOGUES, M.D. P.A.

**Current Principal Place of Business:**

11800 SW 87TH AVE  
MIAMI, FL 33176-4307

**Current Mailing Address:**

11800 SW 87 AVE  
MIAMI, FL 33176-4307 US

**FEI Number:** 20-3430322

**Certificate of Status Desired:** No

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

NOGUES, LISETTE DR.  
11800 SW 87 AVE  
MIAMI, FL 33176-4307 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:** LISETTE NOGUES

02/07/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	SD	Title	PRESIDENT
Name	NOGUES, JEANETTE M	Name	NOGUES, LISETTE DR.
Address	11835 SW 92 AVE	Address	11800 SW 87TH AVE
City-State-Zip:	MIAMI FL 33176-4321	City-State-Zip:	MIAMI FL 33176-4307

*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:** LISETTE NOGUES MD

PRESIDENT

02/07/2023

Electronic Signature of Signing Officer/Director Detail

Date