

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000121656

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

**Current Principal Place of Business:**

8525 SW 92ND ST  
SUITE D-16  
MIAMI, FL 33156

**Current Mailing Address:**

11800 SW 87 AVE  
MIAMI, FL 33176 US

**FEI Number:** 20-3430322

**Certificate of Status Desired:** No

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

NOGUES, ANDRES  
11800 SW 87 AVE  
MIAMI, FL 33176 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	DP	Title	SD
Name	NOGUES, ANDRES	Name	NOGUES, JEANETTE M
Address	11800 SW 87 AVE	Address	11835 SW 92 AVE
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176

*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:** ANDRES NOGUES

**PRESIDENT**

**03/01/2013**

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

\_\_\_\_\_  
Date