

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000110931

**Entity Name:** MILAGROS HUBERMAN, L.M.H.C., N.C.C., P.A.

**Current Principal Place of Business:**

501 GOLDEN ISLES DR  
204 H  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

P.O. BOX 601173  
NORTH MIAMI BEACH, FL 33160 US

**FEI Number:** 20-5455011

**Certificate of Status Desired:** No

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

SHAPIRO, IRA R  
16375 NE 18TH AVE  
STE 225  
N MIAMI BEACH, FL 33162 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            PRESIDENT  
Name            HUBERMAN, MILAGROS  
Address        P.O. BOX 601173  
City-State-Zip: NORTH MIAMI BEACH FL 33160

*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:** MILAGROS HUBERMAN

**PRESIDENT**

**03/07/2017**

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

\_\_\_\_\_  
Date