

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000131633

**Entity Name:** DR. JOAN LYN, FAMILY MEDICINE P.A.

**Current Principal Place of Business:**

16455 NE 6TH AVE  
NORTH MIAMI, FL 33162

**Current Mailing Address:**

6488 SW 25TH STREET  
MIRAMAR, FL 33023

**FEI Number: 56-2616004**

**Certificate of Status Desired:** No

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

LYN, PAUL R  
6488 SW 25TH STREET  
MIRAMAR, FL 33023 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 DR.  
Name LYN, JOAN Y  
Address 6488 SW 25TH STREET  
City-State-Zip: MIRAMAR FL 33023

*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: JOAN LYN**

**DIRECTOR**

**04/22/2014**

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

\_\_\_\_\_  
Date