

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000109744

**Entity Name:** HECTOR FABREGAS M.D. P.A.

**Current Principal Place of Business:**

12301 TAFT ST  
100  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

1740 LAKESHORE DR  
WESTON, FL 33326

**FEI Number:** 26-1161658

**Certificate of Status Desired:** No

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

FABREGAS, HECTOR  
12301 TAFT ST  
100  
PEMBROKE PINES, FL 33026 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 P  
Name FABREGAS, HECTOR  
Address 12301 TAFT ST STE:100  
City-State-Zip: PEMBROKE PINES FL 33026

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:** HECTOR FABREGAS

**PRESIDENT**

**03/03/2016**

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

\_\_\_\_\_  
Date