

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000035221

**Entity Name:** LISSETTE MOLINA, M.D., P.A.

**Current Principal Place of Business:**

6141 SUNSET DRIVE  
SUITE 401  
MIAMI, FL 33143

**Current Mailing Address:**

6141 SUNSET DRIVE  
SUITE 401  
MIAMI, FL 33143

**FEI Number:** 26-2386013

**Certificate of Status Desired:** No

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

MOLINA, LISSETTE  
6141 SUNSET DRIVE  
SUITE 401  
MIAMI, FL 33143 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  
Name MOLINA, LISSETTE  
Address 6141 SUNSET DR., SUITE 401  
City-State-Zip: MIAMI FL 33143

*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:** LISSETTE MOLINA

**PRESIDENT**

**04/08/2015**

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

\_\_\_\_\_  
Date