

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000020417

Entity Name: LOUIS M. COLLAZO, M.D., PA

Current Principal Place of Business:

4308 ALTON ROAD
SUITE 620
MIAMI BEACH, FL 33140

Current Mailing Address:

7230 WEST TROON CIRCLE
MIAMI LAKES, FL 33014

FEI Number: 26-4364820

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLLAZO, LOUIS M
7230 WEST TROON CIRCLE
MIAMI LAKES, FL 33014 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 COLLAZO, LOUIS M
Address 7230 WEST TROON CIRCLE
City-State-Zip: MIAMI LAKES FL 33014

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: LOUIS M. COLLAZO

MD

02/01/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date