

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000002083

**Entity Name:** JEAN MICHEL LAMOUR, M.D., P.A.

**Current Principal Place of Business:**

4849 LAKE WORTH RD  
GREEN ARES, FL 33463

**Current Mailing Address:**

4849 LAKE WORTH RD  
GREEN ARES, FL 33463

**FEI Number:** 27-4496564

**Certificate of Status Desired:** No

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

THE MEDI-LAW FIRM  
325 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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 D  
Name LAMOUR, JEAN MICHEL  
Address 4849 LAKE WORTH RD  
City-State-Zip: GREEN ARES FL 33463

*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:** JEAN MICHEL LAMOUR

**DIRECTOR**

**02/04/2018**

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

\_\_\_\_\_  
Date