

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000087394

**Entity Name:** LISSETTE M. PEREZ-LIMA, PH.D., P.A.

**Current Principal Place of Business:**

1550 MADRUGA AVE  
SUITE 325  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1550 MADRUGA AVE  
SUITE 325  
CORAL GABLES, FL 33146 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SYLVIA GONZALEZ PEREZ, P.A.  
3240 S.W. 79TH CT.  
MIAMI, FL 33155 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, T	Title	VP S
Name	PEREZ-LIMA, LISSETTE MPH.D.	Name	LIMA, CARLOS M
Address	P.O. BOX 430994	Address	P.O. BOX 430994
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155

*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 M. PEREZ-LIMA

**DR.**

**03/07/2014**

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

\_\_\_\_\_  
Date