

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000052166

**Entity Name:** ANDREA FERNANDEZ, P.A.

**Current Principal Place of Business:**

8816 COLLINS AVE  
203  
SURFSIDE, FL 33154

**Current Mailing Address:**

8816 COLLINS AVE  
203  
SURFSIDE, FL 33154

**FEI Number:** 47-1129295

**Certificate of Status Desired:** No

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

FERNANDEZ, ANDREA A  
8816 COLLINS AVE  
203  
SURFSIDE, FL 33154 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 FERNANDEZ, ANDREA A  
Address 8816 COLLINS AVE APT 203  
City-State-Zip: SURFSIDE FL 33154

Title DVP  
Name CASTILLO MARTINEZ, FRANK D  
Address 8816 COLLINS AVE APT 203  
City-State-Zip: SURFSIDE FL 33154

*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:** FRANK D. CASTILLO MARTINEZ

**MR.**

**04/30/2016**

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

\_\_\_\_\_  
Date