

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000054554

**Entity Name:** LUIS CHAVES, M.D., P.A.

**Current Principal Place of Business:**

540 BRICKELL KEY DRIVE,  
APT 719  
MIAMI, FL 33131

**FILED**  
**Feb 08, 2024**  
**Secretary of State**  
**7809705219CC**

**Current Mailing Address:**

540 BRICKELL KEY DRIVE  
APT 719  
MIAMI, FL 33131 US

**FEI Number:** 47-4383190

**Certificate of Status Desired:** No

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

CAMERO PUERTO, GIOVANNA  
540 BRICKELL KEY DR  
APT 719  
MIAMI, FL 33131 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 CHAVES VILLAMIL, LUIS G  
Address 540 BRICKELL KEY DRIVE  
APT 719  
City-State-Zip: MIAMI FL 33131

Title VP  
Name CAMERO PUERTO, GIOVANNA  
Address 540 BRICKELL KEY DRIVE, APT 719  
City-State-Zip: MIAMI FL 33131

*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:** GIOVANNA CAMERO PUERTO

VP

02/08/2024

Electronic Signature of Signing Officer/Director Detail

Date