

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000054554

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

**Current Principal Place of Business:**

855 BAYSIDE LANE  
WESTON, FL 33326

**FILED**  
**Mar 07, 2016**  
**Secretary of State**  
**CC3486743443**

**Current Mailing Address:**

855 BAYSIDE LANE  
WESTON, FL 33326 US

**FEI Number: 47-4383190**

**Certificate of Status Desired: Yes**

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

CAMERO PUERTO, GIOVANNA  
855 BAYSIDE LANE  
WESTON, FL 33326 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 855 BAYSIDE LANE  
City-State-Zip: WESTON FL 33326

Title D  
Name CAMERO PUERTO, GIOVANNA  
Address 855 BAYSIDE LANE  
City-State-Zip: WESTON FL 33326

*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**

**DIRECTOR**

**03/07/2016**

Electronic Signature of Signing Officer/Director Detail

Date