

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000099399

**Entity Name:** LUIS RAUL MACEIRA, MD,PA

**Current Principal Place of Business:**

2896 SUMMER SWAN DR.  
ORLANDO, FL 32825

**Current Mailing Address:**

2896 SUMMER SWAN DR.  
ORLANDO, FL 32825

**FEI Number: 82-3791365**

**Certificate of Status Desired: Yes**

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

MACEIRA, LUIS R  
2896 SUMMER SWAN DR.  
ORLANDO, FL 32825 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	Title	MANAGER
Name	MACEIRA, LUIS R	Name	MACEIRA, LUSAIDA
Address	2896 SUMMER SWAN DR.	Address	2896 SUMMER SWAN DR.
City-State-Zip:	ORLANDO FL 32825	City-State-Zip:	ORLANDO FL 32825

*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: LUIS R. MACEIRA, MD**

**DIRECTOR**

**04/28/2018**

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

\_\_\_\_\_  
Date