

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000075414

**Entity Name:** LISSETTE D. CORTAZAR MD PA

**Current Principal Place of Business:**

3659 SOUTH MIAMI AVE  
STE 5002  
MIAMI, FL 33133

**Current Mailing Address:**

3659 SOUTH MIAMI AVE  
STE 5002  
MIAMI, FL 33133 US

**FEI Number:** 83-1902422

**Certificate of Status Desired:** No

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

CORTAZAR MOREJON, LISSETTE D  
6981 SW 80TH ST  
MIAMI, FL 33143 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:** LISSETTE D CORTAZAR MOREJON

04/19/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CORTAZAR MOREJON, LISSETTE D  
MD  
Address 6981 SW 80TH ST  
City-State-Zip: MIAMI FL 33143

*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:** CORTAZAR MOREJON , LISSETTE D , MD

OWNER

04/19/2023

Electronic Signature of Signing Officer/Director Detail

Date