

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000013985

**Entity Name:** LUIS A. SANCHEZ, D.M.D., & ASSOCIATES, P.A.

**Current Principal Place of Business:**

401 SW 42 AVE  
STE. 302  
MIAMI, FL 33134

**Current Mailing Address:**

401 SW 42 AVE  
STE. 302  
MIAMI, FL 33134 US

**FEI Number:** 65-0747880

**Certificate of Status Desired:** No

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

SANCHEZ, LUIS ADM  
6376 SW 9TH ST  
WEST MIAMI, FL 33144 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	DPS	Title	MGR
Name	SANCHEZ, LUIS ADM	Name	SANCHEZ, MIRTHA
Address	6376 SW 9TH ST	Address	6376 SW 9TH ST
City-State-Zip:	WEST MIAMI FL 33144	City-State-Zip:	WEST MIAMI FL 33144

*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 A SANCHEZ

**PRESIDENT**

**03/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date