

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000001790

**Entity Name:** HECTOR A. LALAMA, MD, PA

**Current Principal Place of Business:**

801 SANTIAGO STREET  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 612341  
N. MIAMI, FL 33261

**FEI Number:** 65-0802524

**Certificate of Status Desired:** No

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

LALAMA, HECTOR AMD  
2321 KEYSTONE BLVD  
NORTH MIAMI, FL 33181 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 PD  
Name LALAMA, HECTOR A  
Address 2321 KEYSTONE BLVD  
City-State-Zip: NORTH MIAMI FL 33181

*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:** HECTOR A LALAMA

**PRESIDENT**

**03/13/2018**

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

\_\_\_\_\_  
Date