

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000054189

**Entity Name:** HECTOR N. HERNANDEZ, M.D., P.A.

**Current Principal Place of Business:**

21297-A OLEAN BLVD  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

PO BOX 510429  
PUNTA GORDA, FL 33951-0429

**FEI Number: 65-0845053**

**Certificate of Status Desired: No**

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

FMR CORP.  
C/O FORMOSO-MURIAS, P.A.  
1 UNITY SQ 401 SW 27TH AVE  
MIAMI, FL 33135 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 HERNANDEZ, HECTOR NMD  
Address 21297-A OLEAN BLVD.  
City-State-Zip: PORT CHARLOTTE FL 33952

*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 N HERNANDEZ MD**

**PRESIDENT**

**04/26/2014**

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

\_\_\_\_\_  
Date