

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000084108

**Entity Name:** JOAQUIN A. NUNEZ, M.D.,P.A.

**Current Principal Place of Business:**

2925 10TH AVE N.  
STE 106  
LAKE WORTH, FL 33461

**FILED**  
**Jan 29, 2016**  
**Secretary of State**  
**CC2931211717**

**Current Mailing Address:**

2925 10TH AVE N  
STE 106  
LAKE WORTH, FL 33461

**FEI Number: 65-0866720**

**Certificate of Status Desired: No**

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

NUNEZ, ELBA M.D.  
2925 10TH AVE N  
STE 106  
LAKE WORTH, FL 33461 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           VP  
Name           NUNEZ, ELBA M.D.  
Address        12360 NW 21ST CT  
City-State-Zip: PLANTATION FL 33323

Title           PRESIDENT  
Name           NUNEZ, JOAQUIN M.D.  
Address        12360 NW 21ST CT  
City-State-Zip: PLANTATION FL 33323

*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: ELBA NUNEZ**

**VP**

**01/29/2016**

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

\_\_\_\_\_  
Date