

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000005359

Entity Name: LUIS E. MORALES, M.D., P.A. FAMILY PRACTICE

Current Principal Place of Business:

809 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

809 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3547256

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MORALES, LUIS EM.D.
809 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714 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 DR
Name MORALES, LUIS EM.D.
Address 809 DOUGLAS AVENUE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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 E. MORALES

PRESIDENT

04/17/2014

Electronic Signature of Signing Officer/Director Detail

Date