

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000005359

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

**Current Principal Place of Business:**

237 PINESTRAW CIRCLE  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

237 PINESTRAW CIRCLE  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 59-3547256

**Certificate of Status Desired:** No

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

MORALES, LUIS EM.D.  
237 PINESTRAW CIRCLE  
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 237 PINESTRAW CIRCLE  
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 MD

**OFFICER**

**04/29/2016**

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

\_\_\_\_\_  
Date