

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V45849

**Entity Name:** ROBERTO DE J. FERNANDEZ, M.D., P.A.

**Current Principal Place of Business:**

135 WEST 49 STREET  
HIALEAH, FL 33012

**Current Mailing Address:**

P O BOX 126488  
HIALEAH, FL 33012 US

**FEI Number:** 65-0345923

**Certificate of Status Desired:** No

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

FERNANDEZ, ROBERTO J MD  
135 WEST 49 STREET  
HIALEAH, FL 33012 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:** ROBERTO J FERNANDEZ, MD

02/13/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title MD  
Name FERNANDEZ, ROBERTO J  
Address 135 WEST 49 STREET  
City-State-Zip: HIALEAH FL 33012

*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:** ROBERTO J. FERNANDEZ, MD

**DIRECTOR**

02/13/2013

Electronic Signature of Signing Officer/Director Detail

Date