

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000006139

**Entity Name:** MIAMI COMPREHENSIVE TEAM APPROACH, INC.

**Current Principal Place of Business:**

299 ALHAMBRA CIRCLE  
STE 211  
CORAL GABLES, FL 33134

**Current Mailing Address:**

299 ALHAMBRA CIRCLE  
STE 211  
CORAL GABLES, FL 33134 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CARLOS DEL AMO, P.A.  
3211 PONCE DE LEON BOULEVARD  
200  
CORAL GABLES, FL 33134 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 MELLADO, JOSE DMD,MS  
Address 299 ALHAMBRA CIRCLE  
STE 211  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name DEL AMO, RAMIRO EDMD  
Address 299 ALHAMBRA CIRCLE  
STE 211  
City-State-Zip: CORAL GABLES FL 33134

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MELLADO , JOSE DMD,MS

**PRESIDENT**

**04/30/2019**

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

\_\_\_\_\_  
Date