

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006034

**Entity Name:** NENA MEDICAL CARE, INC

**Current Principal Place of Business:**

19367 SOUTH WHITEWATER AVE.  
WESTON, FL 33332

**Current Mailing Address:**

19367 SOUTH WHITEWATER AVE.  
WESTON, FL 33332 US

**FEI Number:** 90-0864179

**Certificate of Status Desired:** No

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

SALINAS, MARIA C  
19367 SOUTH WHITEWATER AVE.  
WESTON, FL 33332 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 PD  
Name SALINAS, MARIA C  
Address 19367 SOUTH WHITEWATER AVE.  
City-State-Zip: WESTON FL 33332

Title D  
Name RAMOS, FRANCISCO J  
Address 19367 SOUTH WHITEWATER AVE.  
City-State-Zip: WESTON FL 33332

Title D  
Name MARINE, JULIO  
Address 2154 HACIENDA TERRACE  
City-State-Zip: WESTON FL 33327

Title DIRECTOR  
Name SALINAS, ONEIRA JOSEFINA  
Address 19367 SOUTH WHITEWATER AVE.  
City-State-Zip: WESTON FL 33332

*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:** MARIA CAROLINA SALINAS

**PRESIDENT**

**04/30/2022**

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

\_\_\_\_\_  
Date