

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000007651

**Entity Name:** MDS DM OF FLORIDA, INC.**Current Principal Place of Business:**11403 BAMBOO ORCHID CT.  
RIVERVIEW, FL 33578**Current Mailing Address:**11403 BAMBOO ORCHID CT.  
RIVERVIEW, FL 33578 US**FEI Number:** 84-2538844**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CASTRO, LUZ D  
11403 BAMBOO ORCHID CT.  
RIVERVIEW, FL 33578 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 CASTRO, LUZ D  
Address 11403 BAMBOO ORCHID CT.  
City-State-Zip: RIVERVIEW FL 33578

Title T  
Name NEVAREZ, MIGUEL A  
Address 11107 LARK LANDING CT.  
City-State-Zip: RIVERVIEW FL 33569

Title O  
Name PARRILLA, JOSE' C  
Address 2017 CATTLEMEN DR.  
City-State-Zip: BRANDON FL 33511

Title O  
Name REZA, JORGE  
Address 437 SAN LORENZO CT  
City-State-Zip: BRADENTON FL 34208

Title VP  
Name CASTRO, ELIX A  
Address 11403 BAMBOO ORCHID CT.  
City-State-Zip: RIVERVIEW FL 33578

Title S  
Name ZAMBRANO, MANUEL  
Address 4770 WHISPERING WIND AVE.  
City-State-Zip: TAMPA FL 33614

Title O  
Name SALAZAR, NESTOR F  
Address 1713 ERIN BROOKE DR.  
City-State-Zip: VALRICO FL 33594

Title O  
Name CERVIN, MARIANO  
Address 2512 THORNBROOK PL  
City-State-Zip: TAMPA FL 33618

**Continues on page 2**

*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:** LUZ D. CASTRO**PRESIDENT****03/20/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	O
Name	BETANCOURT, ADRIANA
Address	1647 SAND HOLLOW LN
City-State-Zip:	VALRICO FL 33594