

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000008590

**Entity Name:** MELINA'S WILDLIFE REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

21900 SW 157TH AVE  
MIAMI, FL 33170

**Current Mailing Address:**

PO BOX 440738  
MIAMI, FL 33144 US

**FEI Number:** 85-2452717

**Certificate of Status Desired:** No

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

VALLES, SILVIA M  
21900 SW 157TH AVE  
MIAMI, FL 33170 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:** SILVIA M. VALLES

02/14/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name VALLES, SILVIA M  
Address 21900 SW 157TH AVE  
City-State-Zip: MIAM FL 33170

Title MD  
Name ABALLI-NENINGER, OLGA DR.  
Address 3240 NW 7TH ST  
City-State-Zip: MIAMI FL 33125

Title VP  
Name SERRALTA, CRISTINA  
Address 21900 SW 157TH AVE  
City-State-Zip: MIAMI FL 33170

*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:** SILVIA M. VALLES

PRESIDENT/FOUNDER

02/14/2023

Electronic Signature of Signing Officer/Director Detail

Date