

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005789

**Entity Name:** DOMINICAN FOUNDATION FOR MOTHERS AND INFANTS INC

**Current Principal Place of Business:**

2333 BRICKEL AVE.  
602  
MIAMI, FL 33129

**Current Mailing Address:**

2333 BRICKEL AVE.  
602  
MIAMI, FL 33129 US

**FEI Number: 65-0550188**

**Certificate of Status Desired: No**

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

FLOREN, ANGELICA DR.  
2333 BRICKEL AVE  
APT 602  
MIAMI, FL 33129 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 D  
Name GARCIA, ROSA  
Address 4511 NW 96PL  
City-State-Zip: DORAL FL 33178

Title DIRECTOR  
Name DEL MORAL, DR. TERESA  
Address 1925 BRICKELL AVE APT D808  
City-State-Zip: MIAMI FL 33129

Title SD  
Name PEINADO, MARIA  
Address 8250 SW 33RD TERR  
City-State-Zip: MIAMI FL 33155

Title PD  
Name FLOREN, ANGELICA  
Address 2333 BRICKELL AVENUE #602  
City-State-Zip: MIAMI FL 33129

*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 PEINADO**

**SECRETARY**

**02/19/2021**

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

\_\_\_\_\_  
Date