

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M06255

Entity Name: DOCTORS MEDICAL RENTALS, CORP.

Current Principal Place of Business:

10418 N.W. 31ST TERRACE
DORAL, FL 33172

Current Mailing Address:

10418 N.W. 31ST TERRACE
DORAL, FL 33172

FEI Number: 59-2451362

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 PSD
Name PARDO, ANGEL NELLO
Address 10418 N.W. 31ST TERRACE
City-State-Zip: DORAL FL 33172

Title VP OF OPERATIONS
Name JENNIFER, PEREZ ELIZABETH MBA
Address 10418 N.W. 31ST TERRACE
City-State-Zip: DORAL FL 33172

Title VP OF CLINICAL
Name PARDO, ALEXANDER NICHOLAS
B.SC.
Address 10418 NW 31 TERRACE
City-State-Zip: DORAL FL 33172

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

SIGNATURE: ANGEL NELLO PARDO

PRESIDENT

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date