

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000040319

**Entity Name:** DORAL MEDICAL MANAGEMENT AND INSURANCE SERVICES, INC.

**FILED**  
**Apr 24, 2019**  
**Secretary of State**  
**5046812847CC**

**Current Principal Place of Business:**

10820 NW 58 ST  
DORAL, FL 33178

**Current Mailing Address:**

10820 NW 58 ST  
DORAL, FL 33178

**FEI Number: 65-1101048**

**Certificate of Status Desired: No**

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

HASS, MARIA  
10820 NW 58 ST  
DORAL, FL 33178 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	Title	SD
Name	HASS, MARIA	Name	DE DIEGO, JORGE MD
Address	10820 NW 58 ST	Address	10820 NW 58 ST
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178
Title	TD		
Name	DE DIEGO, ANA		
Address	10820 NW 58 ST		
City-State-Zip:	DORAL FL 33178		

*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: MARIA HASS**

**PD**

**04/24/2019**

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

\_\_\_\_\_  
Date