

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040319

FILED
Apr 28, 2016
Secretary of State
CC2926934612

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

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
Name HASS, MARIA
Address 10820 NW 58 ST
City-State-Zip: DORAL FL 33178

Title SD
Name DE DIEGO, JORGE MD
Address 10820 NW 58 ST
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

04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date