

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000116205

**Entity Name:** PLANT CLINIC INC.

**Current Principal Place of Business:**

12800 SW 20 TERR  
MIAMI, FL 33175

**Current Mailing Address:**

12800 SW 20 TERR  
MIAMI, FL 33175 US

**FEI Number:** 01-0554257

**Certificate of Status Desired:** No

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

RAMOS, BERTILA  
12800 SW 20 TERR  
MIAMI, FL 33175 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 PSTD  
Name RAMOS, BERTILA  
Address 12800 SW 20TH TERRACE  
City-State-Zip: MIAMI FL 33175

Title VP  
Name VALDES, MILDREY T  
Address 12270 SW 45 STREET  
City-State-Zip: MIAMI FL 33175

*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:** BERTILA RAMOS

**PRESIDENT**

**02/26/2024**

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

\_\_\_\_\_  
Date