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.

PD

SIGNATURE: JORGE ALSINA

Electronic Signature of Signing Officer/Director Detail

Entity Name: JORGE L. ALSINA MD, PA	

Current Principal Place of Business:

4999 WEST 8 AVENUE SUITE 26 HIALEAH, FL 33012

Current Mailing Address:

DOCUMENT# P02000022112

5590 WEST 8TH AVENUE HIALEAH, FL 33012

FEI Number: 03-0395607

Name and Address of Current Registered Agent:

ALSINA, JORGE L 5590 WEST 8TH AVENUE HIALEAH, FL 33012 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

Officer/Director Detail :

Title	PD	Title	VD		
Name	ALSINA, JORGE L	Name	ECHEVARRIA, IDANIA		
Address	5590 WEST 8TH AVENUE	Address	5590 WEST 8TH AVENUE		
City-State-Zip:	HIALEAH FL 33012	City-State-Zip:	HIALEAH FL 33012		

FILED Mar 07, 2024 Secretary of State 1371494527CC

Certificate of Status Desired: No

03/07/2024

Date

Date