

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000118284

**Entity Name:** DR. NIURKA SANTANA & ASSOCIATES, INC.

**Current Principal Place of Business:**

4399 NOB HILL RD  
SUNRISE, FL 33351

**Current Mailing Address:**

4399 NOB HILL RD  
SUNRISE, FL 33351 US

**FEI Number:** 45-0532386

**Certificate of Status Desired:** No

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

SANTANA, NIURKA DR.  
4399 NOB HILL RD  
SUNRISE, FL 33315 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:** NIURKA SANTANA

04/15/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                     |                 |                  |
|-----------------|---------------------|-----------------|------------------|
| Title           | P                   | Title           | VP               |
| Name            | SANTANA, NIURKA DR. | Name            | ORTIZ, FELIPE    |
| Address         | 4399 NOB HILL RD    | Address         | 4399 NOB HILL RD |
| City-State-Zip: | SUNRISE FL 33351    | City-State-Zip: | SUNRISE FL 33351 |

*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:** SANTANA , NIURKA , DR.

P

04/15/2019

Electronic Signature of Signing Officer/Director Detail

Date