FEI Number: 27-4524547			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
DEL RIO, LUIS 3302 GREENW KISSIMMEE, FI	ALD WAY NORTH			
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: LUIS DEL RIO				
SIGNATOR	E: LUIS DEL RIO			07/16/2024
SIGNATOR	E: LUIS DEL RIO Electronic Signature of Registered Agent			07/16/2024 Date
Officer/Dire	Electronic Signature of Registered Agent			
	Electronic Signature of Registered Agent	Title	VP	
Officer/Dire	Electronic Signature of Registered Agent	Title Name	VP DEL RIO, LEIGH ANN	
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : PRESIDENT			Date

3302 GREENWALD WAY NORTH

DOCUMENT# P11000002900

3302 GREENWALD WAY NORTH

Current Mailing Address:

KISSIMMEE, FL 34741

KISSIMMEE, FL 34741 US

Current Principal Place of Business:

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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: LUIS DEL RIO

PRESIDENT

07/16/2024

Electronic Signature of Signing Officer/Director Detail

FILED Jul 16, 2024 **Secretary of State** 3595977908CC

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: INFINITE HEALTH & SPINE CENTER PA

Date