

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000003444

**Entity Name:** MELI MEDICAL CENTER INC

**Current Principal Place of Business:**

9160 NW 122 ST BAY #27  
HIALEAH, FL 33016

**Current Mailing Address:**

9160 NW 122 ST BAY #27  
HIALEAH, FL 33016

**FEI Number:** 27-4530959

**Certificate of Status Desired:** No

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

CHILLON, ORLANDO  
9160 NW 122 ST BAY #27  
HIALEAH, FL 33016 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 DP  
Name CHILLON, ORLANDO  
Address 9160 NW 122 ST BAY #27  
City-State-Zip: HIALEAH FL 33016

*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:** CHILLON , ORLANDO

DP

04/26/2024

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

\_\_\_\_\_  
Date