

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000029675

**Entity Name:** SALVATORE MULE,P.A.

**Current Principal Place of Business:**

347 N NEW RIVER DR. E  
PH4  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

347 N NEW RIVER DR. E  
PH4  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 46-2356345

**Certificate of Status Desired:** No

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

MULE, SALVATORE  
347 N NEW RIVER DR. E  
PH4  
FORT LAUDERDALE, FL 33301 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 P  
Name MULE, SALVATORE  
Address 347 N NEW RIVER DR. E  
PH4  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** SALVATORE MULE

**PRESIDENT**

**01/22/2023**

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

\_\_\_\_\_  
Date