

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000071896

**Entity Name:** IRIARTE PRIMARY CARE, INC.

**Current Principal Place of Business:**

429 NW 130 AVE  
MIAMI, FL 33182

**Current Mailing Address:**

PO BOX 942526  
MIAMI, FL 33194 US

**FEI Number:** 46-3605576

**Certificate of Status Desired:** No

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

IRIARTE, MANRIQUE O  
429 NW 130 AVE  
MIAMI, FL 33182 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	Title	VP
Name	MANRIQUE, IRIARTE O	Name	BARBARA, TORRES
Address	PO BOX 942526	Address	PO BOX 942526
City-State-Zip:	MIAMI FL 33194	City-State-Zip:	MIAMI FL 33194

*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:** MANRIQUE, IRIARTE O

P

04/27/2023

Electronic Signature of Signing Officer/Director Detail

Date