

**2020 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  
Name MANRIQUE, IRIARTE O  
Address PO BOX 942526  
City-State-Zip: MIAMI FL 33194

Title VP  
Name BARBARA, TORRES  
Address PO BOX 942526  
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

P

06/26/2020

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

\_\_\_\_\_  
Date