

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000078494

**Entity Name:** ELBA MORA M.D. PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

1840 WEST 49TH STREET #516  
HIALEAH, FL 33012

**Current Mailing Address:**

1840 WEST 49TH STREET #516  
HIALEAH, FL 33012

**FEI Number:** 65-0680892

**Certificate of Status Desired:** No

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

MORA, ELBA  
10347 LIMA STREET  
COOPER CITY, FL 33026 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,S  
Name MORA, ELBA  
Address 10347 LIMA STREET  
City-State-Zip: COOPER CITY FL 33026

*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:** MORA , ELBA

**PRESIDENT**

**02/04/2021**

Electronic Signature of Signing Officer/Director Detail

Date