

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000082858

Entity Name: ALPHONSE DUFRENY MEDICAL CENTER, CORP

Current Principal Place of Business:

12 REDWOOD CIRCLE
PLANTATION, FL 33317

Current Mailing Address:

12 REDWOOD CIRCLE
PLANTATION, FL 33317 US

FEI Number: 46-3829633

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUFRENY, ALPHONSE
12 REDWOOD CIRCLE
PLANTATION, FL 33317 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 DUFRENY, ALPHONSE
Address 12 REDWOOD CIRCLE
City-State-Zip: PLANTATION FL 33317

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: ALPHONSE DUFRENY

P

04/08/2024

Electronic Signature of Signing Officer/Director Detail

Date