

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000071002

Entity Name: PROHEALTH DORAL MEDICAL INC.

Current Principal Place of Business:

8247 NW 36 ST
DORAL, FL 33166

Current Mailing Address:

8247 NW 36 ST
DORAL, FL 33166

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

URDANETA, OTTO
8247 NW 36 ST
DORAL, FL 33166 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 URDANETA, OTTO
Address 8247 NW 36 ST
City-State-Zip: DORAL FL 33166

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: OTTO URDANETA

PRESIDENT

05/01/2017

Electronic Signature of Signing Officer/Director Detail

Date