

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000081166

Entity Name: MDL RISE CORP.**Current Principal Place of Business:**15901 COLLINS AVE
UNIT 2901
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**15901 COLLINS AVE
UNIT 2901
SUNNY ISLES BEACH, FL 33160 US**FEI Number:** 81-4112740**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE MAINTENANCE SERVICES, LLC.
1000 BRICKELL AVENUE
SUITE 400
MIAMI, FL 33131 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	D
Name	DONOSO, MARIA FERNANDA
Address	15901 COLLINS AVE UNIT 2901
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	D
Name	DE DONOSO, AMANDA H
Address	15901 COLLINS AVE UNIT 2901
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	D
Name	DONOSO, FRANCISCO E
Address	15901 COLLINS AVE UNIT 2901
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	D
Name	DONOSO, LUZ ELENA
Address	15901 COLLINS AVE UNIT 2901
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	D
Name	DONOSO, FRANCISCO E
Address	15901 COLLINS AVE UNIT 2901
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	D, VP
Name	DONOSO, LUZ E
Address	15901 COLLINS AVE UNIT 2901
City-State-Zip:	SUNNY ISLES BEACH FL 33160

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: DONOSO , MARIA FERNANDA**D, CMS AUTHORIZED
REPRESENTATIVE****02/22/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date