

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000083522

**Entity Name:** SALUD PREVENTIVA CORP

**Current Principal Place of Business:**

3201 WEST FLAGLER STREET  
APT 204  
MIAMI, FL 33135

**Current Mailing Address:**

3201 WEST FLAGLER STREET  
APT 204  
MIAMI, FL 33135 US

**FEI Number:** 82-3158883

**Certificate of Status Desired:** No

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

LUACES, ODALYS  
3201 WEST Y  
APT 204  
MIAMI, FL 33135 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	LUACES, ODALYS
Address	336 SW 13TH AVE APT 306
City-State-Zip:	MIAMI FL 33135

*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:** ODALYS LUACES

**SALUD PREVENTIVA**

**03/27/2021**

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

\_\_\_\_\_  
Date