

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000021556

**Entity Name:** FCN ALBERTO PINZON MD, INC

**Current Principal Place of Business:**

9090 SW 87TH CT STE 200  
MIAMI, FL 33176

**Current Mailing Address:**

9960 NW 116TH WAY  
SUITE 7  
MEDLEY, FL 33178 US

**FEI Number:** 82-4947528

**Certificate of Status Desired:** No

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

PERFORMANCE MEDICAL MANAGEMENT LLC  
9960 NW 116TH WAY STE 7  
MEDLEY, FL 33178 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            PINZON, ALBERTO MD  
Address        9090 SW 87TH CT STE 200  
City-State-Zip: MIAMI FL 33176

*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:** FCN ALBERTO PINZON MD, INC

M.D

04/24/2024

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

\_\_\_\_\_  
Date