## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000022926

Entity Name: FCN BERTHA FONSECA MC, INC

**Current Principal Place of Business:** 

747 PONCE DE LEON BLVD., STE. 411 CORAL GABLES. FL 33134

## **Current Mailing Address:**

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

FEI Number: 82-4958940 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

**FILED** Apr 24, 2024

**Secretary of State** 

4387836818CC

## Officer/Director Detail:

Title

Name FONSECA, BERTHA

Address 747 PONCE DE LEON BLVD., STE. 411

City-State-Zip: CORAL GABLES FL 33134

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: FONSECA, BERTHA Electronic Signature of Signing Officer/Director Detail DIR

04/24/2024

Date