

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000037197

Entity Name: ADVANCED PRACTICE PROVIDERS CORP.

Current Principal Place of Business:

3539 W 76 ST
UNIT #2
HIALEAH, FL 33018

Current Mailing Address:

3539 W 76 ST
UNIT #2
HIALEAH, FL 33018 US

FEI Number: 84-3440400

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALVAREZ, ORLANDO
3539 W 76 ST
UNIT #2
HIALEAH, FL 33018 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 ALVAREZ, ORLANDO
Address 3539 W 76 ST
UNIT #2
City-State-Zip: HIALEAH FL 33018

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: ORLANDO P. ALVAREZ

P

03/13/2023

Electronic Signature of Signing Officer/Director Detail

Date