

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000053298

**Entity Name:** 711 ACHE ATTORNEY & MEDICAL REFERRAL SERVICE CORP

**Current Principal Place of Business:**

40 SW 13TH STREET SUITE 604  
MIAMI, FL 33130

**Current Mailing Address:**

40 SW 13TH STREET SUITE 604  
MIAMI, FL 33130 US

**FEI Number:** 84-2885585

**Certificate of Status Desired:** No

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

MENDEZ, CARLOS  
40 SW 13TH STREET SUITE 604  
MIAMI, FL 33130 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 MENDEZ, CARLOS  
Address 40 SW 13TH STREET SUITE 604  
City-State-Zip: MIAMI FL 33130

*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:** CARLOS MENDEZ

**PRESIDENT**

**01/21/2021**

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

\_\_\_\_\_  
Date