

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000033157

**Entity Name:** ASU SALUD FLORIDA CORP

**Current Principal Place of Business:**

2123 RENAISSANCE BLVD  
APT 306  
MIRAMAR, FL 33025

**Current Mailing Address:**

2123 RENAISSANCE BLVD  
APT 306  
MIRAMAR, FL 33025 US

**FEI Number:** 85-0939128

**Certificate of Status Desired:** No

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

MPE CONSULTING CORP  
2700 GLADES CIRCLE  
SUITE 127  
WESTON, FL 33327 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 CASTILLO, MARIA  
Address 2123 RENAISSANCE BLVD  
APT 306  
City-State-Zip: MIRAMAR FL 33025

Title VP  
Name CASTRO, CARLOS  
Address 2123 RENAISSANCE BLVD  
APT 306  
City-State-Zip: MIRAMAR FL 33025

*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:** CASTILLO , MARIA

P

04/30/2024

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

\_\_\_\_\_  
Date