Electronic Signature of Signing Officer/Director Detail

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# 2021 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

#### 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

#### **Officer/Director Detail :**

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



Date

## FILED Apr 15, 2021 Secretary of State 7751329549CC

Certificate of Status Desired: No

04/15/2021 Date