

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000052422

**Entity Name:** MEDISANA HEALTH CENTER CORP

**Current Principal Place of Business:**

5391 NW 36 ST  
MIAMI SPRINGS, FL 33166

**Current Mailing Address:**

5391 NW 36 ST  
MIAMI SPRINGS, FL 33166 US

**FEI Number: 85-2037719**

**Certificate of Status Desired: No**

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

SOTO, GLEIDYS  
5391 NW 36 ST  
MIAMI SPRINGS, FL 33166 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 GLEIDYS SOTO ALONSO  
Address 5391 NW 36 ST  
City-State-Zip: MIAMI SPRINGS FL 33166

Title VP  
Name MADELINE MACEDA HERNANDEZ  
Address 5391 NW 36 ST  
City-State-Zip: MIAMI SPRINGS FL 33166

Title VP  
Name MACEDA HERNANDEZ, MADELINE  
Address 5391 NW 36 STREET  
City-State-Zip: MIAMI SPRINGS FL 33166

*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: GLEIDYS SOTO ALONSO**

P

**04/12/2024**

Electronic Signature of Signing Officer/Director Detail

Date