

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000078678

**Entity Name:** INTEGRITY CLINICAL MEDICAL CENTER INC

**Current Principal Place of Business:**

7590 NW 186 ST  
SUITE 209  
MIAMI, FL 33015

**Current Mailing Address:**

7590 NW 186 ST  
SUITE 209  
MIAMI, FL 33015, FL 33015 US

**FEI Number:** 85-3527935

**Certificate of Status Desired:** No

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

MAZA, CARLOS  
7590 NW 186 ST  
SUITE 209  
MIAMI, FL 33015, FL 33015 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 MAZA, CARLOS  
Address 7590 NW 186 ST  
SUITE 209  
City-State-Zip: MIAMI, FL 33015 FL 33015

*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 MAZA

**PRESIDENT**

**02/01/2023**

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

\_\_\_\_\_  
Date