

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000098900

**Entity Name:** KENDALL HEALTH CLINIC CORP.

**Current Principal Place of Business:**

8900 SW 107 AVE  
STE 207  
MIAMI, FL 33176

**Current Mailing Address:**

8900 SW 107 AVE  
STE 207  
MIAMI, FL 33176 US

**FEI Number:** 86-1215533

**Certificate of Status Desired:** No

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

GONZALEZ TORRES, CARLOS J  
8900 SW 107 AVE  
STE 207  
MIAMI, FL 33176 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 GONZALEZ, CARLOS J  
Address 8900 SW 107 AVE  
STE 207  
City-State-Zip: MIAMI FL 33176

*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 GONZALEZ

**PRESIDENT**

**04/28/2023**

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

\_\_\_\_\_  
Date