

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000017730

Entity Name: DR, NP. MORALES ARIANNE HEALTHCARE PROVIDER INC

Current Principal Place of Business:

23590 SW 212TH AVE
HOMESTEAD, FL 33031

Current Mailing Address:

23590 SW 212TH AVE
HOMESTEAD, FL 33031 US

FEI Number: 86-2303202

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORALES, ARIANNE
23590 SW 212TH AVE
HOMESTEAD, FL 33031 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 MORALES, ARIANNE
Address 23590 SW 212TH AVE
City-State-Zip: HOMESTEAD FL 33031

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: ARIANNE MORALES

P

04/27/2023

Electronic Signature of Signing Officer/Director Detail

Date