

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000023186

**Entity Name:** BOOP HEALTH INC.

**Current Principal Place of Business:**

14400 NW 77TH COURT  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

14400 NW 77TH COURT  
MIAMI LAKES, FL 33016

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ALFONSO, JAVIER  
14340 SW 51 STREET  
MIAMI, FL 33175 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 ALFONSO, JAVIER  
Address 14400 NW 77TH COURT  
City-State-Zip: MIAMI LAKES FL 33016

Title VP  
Name ALFONSO, CRISTINA M  
Address 14400 NW 77TH COURT  
City-State-Zip: MIAMI LAKES FL 33016

Title T  
Name CAPOTE, MAYRA F  
Address 14400 NW 77TH COURT  
City-State-Zip: MIAMI LAKES FL 33016

Title S  
Name BORROTO, CARLOS J  
Address 14400 NW 77TH COURT  
City-State-Zip: MIAMI LAKES FL 33016

*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:** JAVIER ALFONSO

**OWNER**

**03/13/2023**

Electronic Signature of Signing Officer/Director Detail

Date