#### 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: JOHN EDUARDO CANAS RODRIGUEZ PRESIDENT

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

Electronic Signature of Signing Officer/Director Detail

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.

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

Electronic Signature of Registered Agent

CANAS RODRIGUEZ, JOHN E 12715 SW 136 STREET APT 2312 MIAMI, FL 33186 US

SIGNATURE:

#### ... . ..

Officer/Director Detail :			
Title	P	Title	VP
Name	CANAS RODRIGUEZ, JOHN E	Name	BARROS FAWCETT, GLENDA R
Address	12715 SW 136 STREET APT 2312	Address	12715 SW 136 STREET 2312
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	MIAMI FL 33186

# 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23000076818

Entity Name: JOHN EDUARDO CANAS RODRIGUEZ MD PA

### **Current Principal Place of Business:**

12715 SW 136 STREET APT 2312 MIAMI, FL 33186

### **Current Mailing Address:**

12715 SW 136 STREET APT 2312 MIAMI, FL 33186 US

# FEI Number: APPLIED FOR

Date

### FILED Mar 10, 2024 Secretary of State 0087985152CC

Certificate of Status Desired: No

Date