

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000075052

**FILED**  
**Feb 13, 2019**  
**Secretary of State**  
**6517574421CC**

**Entity Name:** BERAJA HEALTHCARE CORPORATION

**Current Principal Place of Business:**

2550 DOUGLAS ROAD  
SUITE 301  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2550 DOUGLAS ROAD  
SUITE 301  
CORAL GABLES, FL 33134

**FEI Number:** 65-0618199

**Certificate of Status Desired:** No

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

BERAJA, ESTHER  
2295 S MIAMI AVENUE  
MIAMI, FL 33129 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: ESTHER BERAJA 02/13/2019  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title PD  
Name BERAJA, ROBERTO  
Address 2550 DOUGLAS RD. #301  
City-State-Zip: CORAL GABLES FL 33134

Title VD  
Name BERAJA, VICTOR  
Address 2550 DOUGLAS RD. #301  
City-State-Zip: CORAL GABLES FL 33134

Title SD  
Name BERAJA, MATILDE  
Address 2550 DOUGLAS RD. #301  
City-State-Zip: CORAL GABLES FL 33134

Title TD  
Name BERAJA, ESTHER  
Address 2550 DOUGLAS RD. #301  
City-State-Zip: CORAL GABLES FL 33134

*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: MATILDE BERAJA CFO 02/13/2019  
Electronic Signature of Signing Officer/Director Detail Date