## 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. 04/01/2024

SIGNATURE: PASQUALE REINO

Electronic Signature of Signing Officer/Director Detail

## C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

Name and Address of Current Registered Agent:

DOCUMENT# F17000001398

339 CYPRESS PARKWAY, SUITE 200

**Current Mailing Address:** 7823 CITRUS CREEK DRIVE VIERA, FL 32940 US

FEI Number: 81-4814456

KISSIMMEE, FL 34758

**Current Principal Place of Business:** 

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

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

## **Officer/Director Detail :**

Title PRESIDENT Name **REINO, PASQUALE** Address

- 7823 CITRUS CREEK DRIVE
- City-State-Zip: VIERA FL 32940

Entity Name: PASQUALE REINO, DO, PROFESSIONAL CORPORATION

Certificate of Status Desired: No

FILED Apr 01, 2024 Secretary of State 8024139795CC

Date

PRESIDENT