

# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only  
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DOCUMENT # 110000094060

1. Entity Name

AYLIN PEREZ MED PA C



FILED

11 MAY 23 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

1589 SW 154 PATH

3. Mailing Address

1589 SW 154 PATH

CR2E034B (1/11)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

27-4096270

Applied For

Not Applicable

Zip

33194

Country

Zip

33194

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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7. Name and Address of Current Registered Agent

Name

AYLIN PEREZ

Street Address (P.O. Box Number is Not Acceptable)

1589 SW 154 PATH

City MIAMI

FL

Zip Code

33194

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

AYLIN PEREZ

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

05/18/11

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

jackiemorales@tdnhsu.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PRESIDENT  
AYLIN PEREZ  
1589 SW 154 PATH  
MIAMI FL 33194

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

700207298887  
05/06/11--01007--026 \*\*150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

AYLIN PEREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/18/11 786 366 6887

DATE

Daytime Phone #