

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745269

**Entity Name:** CORAL REEF MEDICAL PARK, INC.

**Current Principal Place of Business:**

9299 S.W. 152ND STREET  
MIAMI, FL 33157

**Current Mailing Address:**

9000 SW 152 STREET  
102  
MIAMI, FL 33157 US

**FEI Number:** 59-1902036

**Certificate of Status Desired:** No

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

ALONSO & PEREZ, LLP  
6303 BLUE LAGOON DRIVE SUITE 400  
MIAMI, FL 33126 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            PRESIDENT  
Name            GRANT, TIMOTHY  
Address        9000 SW 152 STREET  
                  102  
City-State-Zip: MIAMI FL 33157

Title            VP  
Name            SEGAL, ZACHARY  
Address        9000 SW 152 STREET  
                  102  
City-State-Zip: MIAMI FL 33157

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIMOTHY GRANT

**PRESIDENT**

**02/01/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date