

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000006236

Entity Name: ASOCIACION LATINA DE PACIENTES RENALES, INC.

Current Principal Place of Business:

9042 SW 142ND AVENUE
SUITE #218
MIAMI, FL 33186

Current Mailing Address:

9042 SW 142ND AVENUE
SUITE #218
MIAMI, FL 33186

FEI Number: 46-3204388

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KARLA, MOLINA I SR.
9042 SW 142ND AVENUE
SUITE #218
MIAMI, FL 33186 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: KARLA MOLINA

05/01/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name SALAZAR, EDWIN F.
Address 6 PISO TORRE 2, COMPLEJO
METROPOLIS BLVD SUYAPA
20603
City-State-Zip: TEGUCIGALPA FRANCISCO
MORAZAN

Title S
Name VASQUEZ, IRIS
Address 9042 SW 142ND AVE., SUITE #218
City-State-Zip: MIAMI FL 33186

Title VPD
Name VIVADO, MARIA EUGENIA
Address REMEDIOS 3326, CODIGO POSTAL
1407
City-State-Zip: CIUDAD AUTONOMA DE BUENOS AI
XX

Title TD
Name MOLINA, KARLA IVONE
Address 9042 SW 142ND AVE., SUITE #218
City-State-Zip: MIAMI FL 33186

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: KARLA IVONE MOLINA

DIRECTOR

05/01/2024

Electronic Signature of Signing Officer/Director Detail

Date