

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000004362

Entity Name: DORAL PRO HEALTH CORP.**Current Principal Place of Business:**5237 NW 112TH PL
DORAL, FL 33178**Current Mailing Address:**5237 NW 112TH PL
DORAL, FL 33178 US**FEI Number:** 46-5596380**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FERNANDEZ, JORGE A DR.
2600 DOUGLAS ROAD PH 8
PH 8
CORAL GABLES , FL 33134 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:** DR. JORGE A FERNANDEZ

04/22/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	GONZALEZ, RAUL MDS
Address	4201 NW 107TH AVE
City-State-Zip:	DORAL FL 33178

Title	CEO
Name	MONTOYA, SUSAN
Address	5237 N.W. 112 PL
City-State-Zip:	DORAL FL 33178

Title	LOGISTIC DIRECTOR
Name	RIVERO, ELSA
Address	4031 GAEL RUN CT
City-State-Zip:	KATY TX 77494

Title	VP
Name	FERNANDEZ, JORGE A DR.
Address	2600 DOUGLAS ROAD PH 8
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	NAVARRETE, GUILLERMO
Address	8240 NW 34TH STREET
City-State-Zip:	DORAL FL 33122

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: SUSAN MONTOYA

CEO

04/22/2025

Electronic Signature of Signing Officer/Director Detail

Date