

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000008192

**Entity Name:** VOP VIRTUAL OUTPATIENT PROGRAM FOUNDATION INC

**FILED**  
**Mar 23, 2023**  
**Secretary of State**  
**3119232828CC**

**Current Principal Place of Business:**

621 CAPE CORAL PARKWAY EAST STE 2  
CAPE CORAL, FL 33904

**Current Mailing Address:**

621 CAPE CORAL PARKWAY EAST  
SUITE 2  
CAPE CORAL, FL 33904 US

**FEI Number:** 85-2552373

**Certificate of Status Desired:** Yes

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

FERNANDEZ, MAE  
621 CAPE CORAL PARKWAY EAST  
SUITE 2  
CAPE CORAL, FL 33904 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           CEOP  
Name           FERNANDEZ, MAE  
Address       621 CAPE CORAL PARKWAY EAST  
                  STE 2  
City-State-Zip: CAPE CORAL FL 33904

Title           VP  
Name           OSPINA, ALEJANDRO  
Address       621 CAPE CORAL PARKWAY EAST  
                  STE 2  
City-State-Zip: CAPE CORAL FL 33904

Title           ARP  
Name           NUNEZ, GILBERTO  
Address       621 CAPE CORAL PARKWAY EAST  
                  STE 2  
City-State-Zip: CAPE CORAL FL 33904

Title           ARP  
Name           HOYO, ELIAS  
Address       621 CAPE CORAL PARKWAY EAST  
                  STE 2  
City-State-Zip: CAPE CORAL FL 33904

Title           AAR  
Name           SANTILLANA, FRANCISCO  
Address       621 CAPE CORAL PARKWAY EAST  
                  STE 2  
City-State-Zip: CAPE CORAL FL 33904

Title           AAR  
Name           PISCANI, EVA  
Address       621 CAPE CORAL PARKWAY EAST  
                  STE 2  
City-State-Zip: CAPE CORAL FL 33904

Title           OFFICER  
Name           MEDRANO, ONEIDA  
Address       621 CAPE CORAL PARKWAY EAST  
                  SUITE 2  
City-State-Zip: CAPE CORAL FL 33904

*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:** MAE FERNANDEZ

**PRESIDENT**

**03/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date