

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000008590

Entity Name: MELINA'S WILDLIFE REHABILITATION CENTER, INC.

Current Principal Place of Business:

21900 SW 157TH AVE
MIAMI, FL 33170

Current Mailing Address:

PO BOX 440738
MIAMI, FL 33144 US

FEI Number: 85-2452717

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VALLES, SILVIA M
21900 SW 157TH AVE
MIAMI, FL 33170 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: SILVIA M. VALLES

01/04/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name VALLES, SILVIA M
Address 21900 SW 157TH AVE
City-State-Zip: MIAM FL 33170

Title MD
Name ABALLI-NENINGER, OLGA DR.
Address 3240 NW 7TH ST
City-State-Zip: MIAMI FL 33125

Title VP
Name SERRALTA, CRISTINA
Address 21900 SW 157TH AVE
City-State-Zip: MIAMI FL 33170

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: SILVIA M VALLES

PRESIDENT/,FOUNDER

01/04/2025

Electronic Signature of Signing Officer/Director Detail

Date