

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F47890

**Entity Name:** MONES ALHAMBRA FAMILY PRACTICE CENTER, INC.

**Current Principal Place of Business:**

2645 S DOUGLAS ROAD  
502  
MIAMI, FL 33133

**Current Mailing Address:**

2645 S DOUGLAS ROAD  
502  
MIAMI, FL 33133 US

**FEI Number:** 59-2154522

**Certificate of Status Desired:** No

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

MARTINEZ, SAMANTHA PRESIDENT  
2645 S DOUGLAS ROAD  
502  
MIAMI, FL 33133 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:** SAMANTHA MARTINEZ

01/24/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MARTINEZ, SAMANTHA  
Address 2645 S DOUGLAS ROAD  
502  
City-State-Zip: MIAMI FL 33133

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

**SIGNATURE:** SAMANTHA MARTINEZ

PRES.

01/24/2023

Electronic Signature of Signing Officer/Director Detail

Date