

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J56393

Entity Name: GALINDO MEDICAL-DENTAL CORPORATION

Current Principal Place of Business:

9961 SW 40 ST.
MIAMI, FL 33165

Current Mailing Address:

9961 SW 40 ST.
MIAMI, FL 33165

FEI Number: 59-2793116

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALINDO, DIOSDADO
9961 SW 40 STREET
MIAMI, FL 33165 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 DPS
Name GALINDO, DIOSDADO J.
Address 16989 SW 16TH ST
City-State-Zip: PEMBROKE PINES FL 33027

Title T
Name GALINDO, DIOSDADO J.
Address 16989 SW 16TH ST
City-State-Zip: PEMBROKE PINES FL 33027

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: DIOSDADO GALINDO

DPS

02/22/2024

Electronic Signature of Signing Officer/Director Detail

Date