

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K06339

**Entity Name:** VITOR WEINMAN, M.D., P.A.

**Current Principal Place of Business:**

% VITOR WEINMAN  
401 CORAL WAY#207  
CORAL GABLES, FL 33134

**Current Mailing Address:**

% VITOR WEINMAN  
401 CORAL WAY#207  
CORAL GABLES, FL 33134 US

**FEI Number:** 65-0021407

**Certificate of Status Desired:** No

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

WEINMAN, VITOR  
401 CORAL WAY  
#207  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PSD  
Name WEINMAN, VITOR MD, PA  
Address 401 CORAL WAY #207  
City-State-Zip: CORAL GABLES FL 33134

*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:** VITOR WEINMAN

PSD

04/20/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date