

**2021 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# L79035

**Entity Name:** JORGE L. CARDENAS-ZITO, M.D., P.A.

**Current Principal Place of Business:**

JORGE L. CARDENAS-ZITO MD PA  
4999 W 8TH AVE, SUITE 22  
HIALEAH, FL 33012

**Current Mailing Address:**

JORGE L. CARDENAS-ZITO MD PA  
4999 W 8TH AVE, SUITE 22  
HIALEAH, FL 33012

**FEI Number:** 65-0196230

**Certificate of Status Desired:** No

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

CARDENAS-ZITO, JORGE L.  
4999 W 8TH AVE  
SUITE 22  
HIALEAH, FL 33012 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	D, DIRECTOR	Title	VP
Name	CARDENAS-ZITO, JORGE L DR.	Name	INTERIAN, JORGE VP
Address	JORGE L. CARDENAS-ZITO MD 4999 W 8TH AVE, SUITE 22	Address	JORGE L. CARDENAS-ZITO MD PA 4999 W 8TH AVE, SUITE 22
City-State-Zip:	HIALEAH FL 33012	City-State-Zip:	HIALEAH FL 33012

*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:** JORGE L. CARDENAS-ZITO MD

**PRESIDENT**

**12/06/2021**

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

\_\_\_\_\_  
Date