

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000065056

**Entity Name:** MANUEL A. OJEDA, MD, P.A.

**Current Principal Place of Business:**

4351 ROYAL PALM AVE  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

P.O. BOX 402608  
MIAMI BEACH, FL 33140 US

**FEI Number:** 01-0720868

**Certificate of Status Desired:** No

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

OJEDA, MANUEL A DR.  
4351 ROYAL PALM AVE  
MIAMI BEACH, FL 33140 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:** DR. MANUEL A. OJEDA

01/23/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name OJEDA, MANUEL A MD  
Address 4351 ROYAL PALM AVE  
City-State-Zip: MIAMI BEACH FL 33140

Title SD  
Name JIMENEZ, ALEXANDRA  
Address 4351 ROYAL PALM AVE  
City-State-Zip: MIAMI BEACH FL 33140

*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:** ALEXANDRA JIMENEZ

**SECRETARY**

01/23/2023

Electronic Signature of Signing Officer/Director Detail

Date