

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000097208

**Entity Name:** GUILLERMO VAZQUEZ, M.D., P.A.

**Current Principal Place of Business:**

1435 WEST 49 PLACE  
SUITE 206  
MIAMI, FL 33012

**Current Mailing Address:**

1435 WEST 49 PLACE  
SUITE 206  
HIALEAH, FL 33012

**FEI Number:** 52-2376461

**Certificate of Status Desired:** No

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

VAZQUEZ, GUILLERMO  
1435 WEST 49 PLACE  
SUITE 206  
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 PST  
Name VAZQUEZ, GUILLERMO M.D.  
Address 1435 WEST 49 PLACE SUITE 206  
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:** GUILLERMO VAZQUEZ

**PRESIDENT**

**04/02/2023**

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

\_\_\_\_\_  
Date