

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000113173

**Entity Name:** DORAL MEDICAL CENTER, INC.

**Current Principal Place of Business:**

1500 NW 89TH CT  
SUITE 207  
DORAL, FL 33172

**Current Mailing Address:**

1500 NW 89TH CT  
SUITE 207  
DORAL, FL 33172 US

**FEI Number:** 20-1448847

**Certificate of Status Desired:** No

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

CANTOS, ANTONIO  
1500 NW 89TH CT  
SUITE 207  
DORAL, FL 33172 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 P/D  
Name CANTOS, ANTONIO  
Address 1500 NW 89TH CT  
SUITE 207  
City-State-Zip: DORAL FL 33172

*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:** ANTONIO CANTOS

**PRESIDENT**

**04/06/2023**

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

\_\_\_\_\_ Date