

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000067879

**Entity Name:** ANIA CABRERIZO D.M.D. P.A.

**Current Principal Place of Business:**

4410 WEST 16TH AVE  
STE. 50  
HIALEAH, FL 33012

**Current Mailing Address:**

4410 WEST 16TH AVE  
STE. 50  
HIALEAH, FL 33012 US

**FEI Number:** 20-2811512

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            PRESIDENT  
Name            CABRERIZO, ANIA  
Address        13195 BISCAYNE BAY DRIVE  
City-State-Zip: NORTH MIAMI FL 33181

Title            PRESIDENT  
Name            MELLADO, JOSE  
Address        13195 BISCAYNE BAY DRIVE  
City-State-Zip: NORTH MIAMI FL 33181

*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:** ANIA CABRERIZO

**PRESIDENT**

**03/02/2023**

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

\_\_\_\_\_  
Date