

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000103581

**Entity Name:** JOSE MANUEL SANCHEZ M.D., P.A.

**Current Principal Place of Business:**

475 BILTMORE WAY  
SUITE 204  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P. O. BOX 565811  
MIAMI, FL 33256

**FEI Number:** 20-3334371

**Certificate of Status Desired:** No

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

SANCHEZ, JOSE MANUEL  
14048 SW 83RD PLACE  
MIAMI, FL 33158 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	PTS	Title	D
Name	SANCHEZ, JOSE MANUEL	Name	SANCHEZ, JOSE MANUEL
Address	P. O. BOX 565811	Address	P. O. BOX 565811
City-State-Zip:	MIAMI FL 33256	City-State-Zip:	MIAMI FL 33256

*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:** JOSE MANUEL SANCHEZ

**PRESIDENT**

**01/18/2023**

Electronic Signature of Signing Officer/Director Detail

Date