

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000069253

**Entity Name:** JOHN C. AYALA M.D., P.A.

**Current Principal Place of Business:**

3659 S MIAMI AVE  
SUITE 4004  
MIAMI, FL 33133

**Current Mailing Address:**

3659 S MIAMI AVE  
SUITE 4004  
MIAMI, FL 33133 US

**FEI Number:** 20-4894442

**Certificate of Status Desired:** No

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

AYALA, JOHN C  
8855 COLLINS AVENUE  
APT 11-B  
SURFSIDE, FL 33154 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  
Name AYALA, JOHN C  
Address 3659 S. MIAMI AVENUE  
City-State-Zip: MIAMI FL 33133

*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:** JOHN C AYALA

**PRESIDENT**

**04/03/2024**

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

\_\_\_\_\_  
Date