

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000049597

**Entity Name:** ARNALDO M. MORA, MD PA

**Current Principal Place of Business:**

5353 WEST ATLANTIC AVE.  
400A  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

5353 WEST ATLANTIC AVE.  
400A  
DELRAY BEACH, FL 33484 US

**FEI Number:** 27-0331496

**Certificate of Status Desired:** No

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

FARIDA, MORA C  
5353 WEST ATLANTIC AVE.  
400A  
DELRAY BEACH, FL 33484 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 DP  
Name MORA, ARNALDO M MD  
Address 5353 WEST ATLANTIC AVE.  
400A  
City-State-Zip: DELRAY BEACH FL 33484

Title MGR  
Name MORA, FARIDA C MANAGER  
Address 5353 WEST ATLANTIC AVE.  
400A  
City-State-Zip: DELRAY BEACH FL 33484

*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:** FARIDA MORA

**AGENT**

**01/15/2022**

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

\_\_\_\_\_  
Date