

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000055310

**Entity Name:** JOAQUIN S. MAURY, M.D., P.A.

**Current Principal Place of Business:**

8200 SW 117 AVENUE SUITE 416  
MIAMI, FL 33183

**Current Mailing Address:**

8200 SW 117 AVENUE SUITE 416  
MIAMI, FL 33183 US

**FEI Number:** 46-3083553

**Certificate of Status Desired:** No

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

MAURY, JOAQUIN S MD PA  
8200 SW 117 AVENUE SUITE 416  
MIAMI, FL 33183 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:** JOAQUIN S MAURY

02/06/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSTD  
Name MAURY, JOAQUIN S MD  
Address 8200 SW 117 AVENUE SUITE 416  
City-State-Zip: MIAMI FL 33183

*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:** MAURY , JOAQUIN S , MD

PSTD

02/06/2024

Electronic Signature of Signing Officer/Director Detail

Date