

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000093147

**Entity Name:** BELLE MEDICAL ASSOCIATES INC

**Current Principal Place of Business:**

2885 SW 3RD AVENUE  
SUITE 400  
MIAMI, FL 33129

**Current Mailing Address:**

1795 SW 22ND STREET  
MIAMI, FL 33145 US

**FEI Number:** 46-4113209

**Certificate of Status Desired:** No

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

MASCARINAS, KRISTINE IRISH DR.  
7340 SW 77TH CT.  
MIAMI, FL 33143 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: KRISTINE MASCARINAS

03/16/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            MASCARINAS, DULCE  
Address        1610 COUNTRY CLUB PRADO  
City-State-Zip: CORAL GABLES FL 33134

*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: DULCE B MASCARINAS

PRES

03/16/2021

Electronic Signature of Signing Officer/Director Detail

Date