

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000025865

**Entity Name:** MIREYA LLENSE M.D. P.A.

**Current Principal Place of Business:**

8560 SW 20 TERRACE  
MIAMI, FL 33155

**Current Mailing Address:**

8560 SW 20 TERRACE  
MIAMI, FL 33155 US

**FEI Number:** 46-5189270

**Certificate of Status Desired:** No

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

GARCIA, SILVIA M  
7186 SW 47 STREET  
MIAMI, FL 33155 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,S  
Name LLENSE, MIREYA  
Address 8560 SW 20 TERRACE  
City-State-Zip: MIAMI FL 33155

*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:** MIREYA LLENSE

**PRESIDENT**

**01/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date