## 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000088780

Entity Name: MIAMI OBGYN PROFESSIONAL CARE, INC.

**Current Principal Place of Business:** 

7100 W 20 AVE, SUITE 803 HIALEAH. FL 33016

## **Current Mailing Address:**

7100 W 20 AVE, SUITE 803 HIALEAH, FL 33016 US

FEI Number: 47-2222090 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

URIARTE, JESUS 7270 NW 12 ST SUITE 600

MIAMI, FL 33126 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

FILED Mar 04, 2019

**Secretary of State** 

9360157944CC

## Officer/Director Detail:

Title P Title VP

NameFERNANDEZ, JORGENameSTRUBBE, KENNETHAddress7100 W 20 AVE, SUITE 803Address7100 W 20 AVE, SUITE 701

City-State-Zip: HIALEAH FL 33016 City-State-Zip: HIALEAH FL 33016

Title S Title T

Name SERPA, NURYS Name SERPA, NIURKA

Address 7100 W 20 AVE, SUITE 803 Address 7100 W 20 AVE, SUITE 803

City-State-Zip: HIALEAH FL 33016 City-State-Zip: HIALEAH FL 33016

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: JORGE FERNANDEZ

**PRESIDENT** 

03/04/2019