

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000025844

Entity Name: MIAMI LAKES MEDICAL PROVIDERS, INC.

Current Principal Place of Business:

6841 MIAMI LAKEWAY SOUTH
MIAMI LAKES, FL 33014

Current Mailing Address:

6841 MIAMI LAKEWAY SOUTH
MIAMI LAKES, FL 33014

FEI Number: 47-3451912

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, MARISOL
6841 MIAMI LAKEWAY SOUTH
MIAMI FL, FL 33014 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
Name NUNEZ, MARIO L
Address 6841 MIAMI LAKEWAY SOUTH
City-State-Zip: MIAMI LAKES FL 33014

Title VS
Name GONZALEZ, MARISOL
Address 6841 MIAMI LAKEWAY SOUTH
City-State-Zip: MIAMI LAKES FL 33014

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: MARIO LUIS M.D. NUNEZ

PRESIDENT

06/16/2020

Electronic Signature of Signing Officer/Director Detail

Date