

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000063565

**Entity Name:** INDAGO RESEARCH AND HEALTH CENTER, INC

**Current Principal Place of Business:**

3700 W. 12 AVE  
SUITE 300  
HIALEAH, FL 33012

**Current Mailing Address:**

3700 W. 12 AVE  
SUITE 300  
HIALEAH, FL 33012

**FEI Number: 47-4653416**

**Certificate of Status Desired: No**

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

PEREZ, MARIA V P  
3700 W. 12 AVE  
SUITE 300  
HIALEAH, FL 33012 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 PEREZ, MARIA V RMA  
Address 3700 W. 12 AVE SUITE 300  
City-State-Zip: HIALEAH FL 33012

Title VP  
Name SUAREZ, LIANNE MBA  
Address 3700 W. 12 AVE SUITE 300  
City-State-Zip: HIALEAH FL 33012

Title ST  
Name SUAREZ, VICTOR RMA  
Address 3700 W. 12 AVE SUITE 300  
City-State-Zip: HIALEAH FL 33012

*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: MARIA V PEREZ**

**PRESIDENT**

**01/02/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date