

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000071002

**Entity Name:** PROHEALTH DORAL MEDICAL INC.

**Current Principal Place of Business:**

8247 NW 36 ST  
DORAL, FL 33166

**Current Mailing Address:**

8247 NW 36 ST  
DORAL, FL 33166 US

**FEI Number: 81-3702992**

**Certificate of Status Desired: No**

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

URDANETA, OTTO  
8247 NW 36 ST  
DORAL, FL 33166 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: OTTO URDANETA**

**03/15/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name URDANETA, OTTO  
Address 8247 NW 36 ST  
City-State-Zip: DORAL FL 33166

*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: OTTO URDANETA**

**PRESIDENT**

**03/15/2023**

Electronic Signature of Signing Officer/Director Detail

Date