

2019 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P16000090641

Entity Name: MMM OF FLORIDA, INC.

Current Principal Place of Business:

5775 BLUE LAGOON DRIVE, SUITE 450
MIAMI, FL 33126

Current Mailing Address:

5775 BLUE LAGOON DRIVE, SUITE 450
MIAMI, FL 33126 US

FEI Number: 81-4382720

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCYGLOBAL INC
115 NORTH CALHOUN STREET
SUITE 4
TALLAHASSEE, FL 32301 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: JUSTIN WOODS

05/01/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name COZAD, ROSA
Address 5775 BLUE LAGOON DRIVE, SUITE
 450
City-State-Zip: MIAMI FL 33126

Title CFO
Name VIVALDI , CARLOS
Address 5775 BLUE LAGOON DRIVE, SUITE
 450
City-State-Zip: MIAMI FL 33126

Title VP, TREASURER, DIRECTOR
Name MALTON , DOUG
Address 5775 BLUE LAGOON DRIVE, SUITE
 450
City-State-Zip: MIAMI FL 33126

Title CHIEF COMPLIANCE OFFICER
Name PLUMEY , MYRA
Address 5775 BLUE LAGOON DRIVE, SUITE
 450
City-State-Zip: MIAMI FL 33126

Title CHIEF INFORMATION OFFICER,
 SECURITY OFFICER
Name BHASKER , S.
Address 5775 BLUE LAGOON DRIVE, SUITE
 450
City-State-Zip: MIAMI FL 33126

Title SECRETARY
Name KLAUSNER, PAUL
Address 5775 BLUE LAGOON DRIVE, SUITE
 450
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name SHINTO , RICHARD A.
Address 5775 BLUE LAGOON DRIVE, SUITE
 450
City-State-Zip: MIAMI FL 33126

Title CHIEF ACCOUNTING OFFICER
Name SORTINO, MICHAEL J
Address 173 BRIDGE PLAZA NORTH
City-State-Zip: FORT LEE NJ 07024

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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: MICHAEL SORTINO

CHIEF ACCOUNTING
OFFICER

05/01/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHIEF ADMINSTRATIVE OFFICER/DIRECTOR
Name KOKKINIDES, PENELOPE
Address 5775 BLUE LAGOON DRIVE, SUITE 450
City-State-Zip: MIAMI FL 33126

Title MEDICAL OFFICER
Name RIOS, WALDERMER
Address 5775 BLUE LAGOON DRIVE, SUITE
450
City-State-Zip: MIAMI FL 33126