

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000004686

Entity Name: SALUDMAX MEDICAL CORP**Current Principal Place of Business:**2648 SW 87 AVE
MIAMI, FL 33165**Current Mailing Address:**2648 SW 87 AVE
MIAMI, FL 33165 US**FEI Number: 82-4497093****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAMIREZ, WILFREDO
2648 SW 87 AVENUE
MIAMI, FL 33165 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	PRESIDENT
Name	RAMIREZ, WILFREDO
Address	2648 SW 87 AVE
City-State-Zip:	MIAMI FL 33165

Title	VP
Name	MARTINEZ, JORGE
Address	2648 SW 87TH AVE
City-State-Zip:	MIAMI FL 33165

Title	SECRETARY
Name	FERREIRO, YASSER
Address	2648 SW 87 AVE
City-State-Zip:	MIAMI FL 33165

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: WILFREDO RAMIREZ**P****05/01/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date