

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000100699

**Entity Name:** MOREIRA MEDICAL GROUP, CORP

**Current Principal Place of Business:**

1671 WEST 37 STREET  
SUITE 3  
HIALEAH, FL 33012

**Current Mailing Address:**

1671 WEST 37 STREET  
SUITE 3  
HIALEAH, FL 33012

**FEI Number:** 83-2839314

**Certificate of Status Desired:** No

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

MOREIRA, MASIEL  
1671 WEST 37 STREET  
SUITE 3  
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 MOREIRA, MASIEL  
Address 1671 WEST 37 STREET  
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:** MASIEL MOREIRA

**PRESIDENT**

**05/01/2019**

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

\_\_\_\_\_  
Date