

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000022124

**Entity Name:** MIRANDA MED CONSULTING CORPORATION

**Current Principal Place of Business:**

5045 WALKER ST  
SAINT CLOUD, FL 34771

**Current Mailing Address:**

5045 WALKER ST  
SAINT CLOUD, FL 34771 US

**FEI Number: 84-5152240**

**Certificate of Status Desired: Yes**

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

MIRANDA, YOVANNIE  
5045 WALKER ST  
SAINT CLOUD, FL 34771 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 MIRANDA, YOVANNIE  
Address 5045 WALKER ST  
City-State-Zip: SAINT CLOUD FL 34771

*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: YOVANNIE MIRANDA**

**PRESIDENT**

**01/23/2023**

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

\_\_\_\_\_ Date