

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000070661

**Entity Name:** FAMILY FIRST MEDICAL RESEARCH CENTER, INC

**Current Principal Place of Business:**

10550 NW 77 CT  
SUITE 401  
HIALEAH GARDENS, FL 33016

**Current Mailing Address:**

10550 NW 77 CT  
SUITE 401  
HIALEAH GARDENS, FL 33016 US

**FEI Number:** 85-3048171

**Certificate of Status Desired:** No

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

PRIDA, TANIA  
4501 SW 146TH CT  
MIAMI, FL 33175 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 PRIDA, TANIA  
Address 4501 NW 146 CT  
City-State-Zip: MIAMI FL 33175

*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:** TANIA PRIDA

**PRESIDENT**

**05/16/2025**

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

\_\_\_\_\_  
Date