

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000032701

Entity Name: MIAMI LAKES HEALTH CENTER INC

Current Principal Place of Business:

8100 NW 155 ST
100
MIAMI LAKES, FL 33016

Current Mailing Address:

8100 NW 155 ST
100
MIAMI LAKES, FL 33016 US

FEI Number: 86-3340787

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALBERTO MUNOZ, VICTOR
8100 NW 155 ST
SUITE 100
MIAMI LAKES, FL 33016 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 MUNOZ, VICTOR ALBERTO
Address 8100 NW 155 ST
100
City-State-Zip: MIAMI LAKES FL 33016

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: VICTOR ALBERTO MUNOZ

P

01/17/2025

Electronic Signature of Signing Officer/Director Detail

Date