

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000033420

**Entity Name:** INTI FERNANDEZ M.D. AT MIA, INC

**Current Principal Place of Business:**

2100 NW 42ND AVE  
MIAMI, FL 33126

**Current Mailing Address:**

510 SW 27 AVE  
MIAMI, FL 33135 US

**FEI Number:** 86-3354265

**Certificate of Status Desired:** No

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

FERNANDEZ, INTI  
4001 SW 4 ST  
MIAMI, FL 33134 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            FERNANDEZ, INTI  
Address        2100 NW 42ND AVE  
City-State-Zip: MIAMI FL 33126

*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:** INTI FERNANDEZ

**OWNER**

**04/30/2025**

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

\_\_\_\_\_  
Date