

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000019452

Entity Name: RAFOLS MEDICAL ASSISTANCE CORP

Current Principal Place of Business:

4675 W 18 CT
APT 504
HIALEAH, FL 33012

Current Mailing Address:

4675 W 18 CT
APT 504
HIALEAH, FL 33012 US

FEI Number: 88-1471491

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VARGAS H, UGO
4805 NW 79TH AVE
SUITE 5
DORAL, FL 33166 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 RAFOLS, SANDRA
Address 4675 W 18 CT APT 504
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: SANDRA RAFOLS

P

04/26/2024

Electronic Signature of Signing Officer/Director Detail

Date