

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000028129

**Entity Name:** ADRIANA PERDOMO NURSE CORP

**Current Principal Place of Business:**

17621 NW 34 AVE  
MIAMI GARDENS, FL 33056

**Current Mailing Address:**

17621 NW 34 AVE  
MIAMI GARDENS, FL 33056

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PERDOMO, ADRIANA  
17621 NW 34 AVE  
MIAMI GARDENS, FL 33056 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 PERDOMO, ADRIANA  
Address 17621 NW 34 AVE  
City-State-Zip: MIAMI GARDENS FL 33056

*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:** PERDOMO,ADRIANA

P

04/30/2023

Electronic Signature of Signing Officer/Director Detail

Date