

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000056308

**Entity Name:** KRISTINA M. JAVIER, MD, P.A.

**Current Principal Place of Business:**

14846 FELLO LANE  
ORLANDO, FL 32827

**Current Mailing Address:**

14846 FELLO LANE  
ORLANDO, FL 32827 US

**FEI Number:** 93-2699480

**Certificate of Status Desired:** No

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

JAVIER, KRISTINA M  
14846 FELLO LANE  
ORLANDO, FL 32827 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 DPST  
Name JAVIER, KRISTINA M MRS.  
Address 14846 FELLO LANE  
City-State-Zip: ORLANDO FL 32827

*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:** KRISTINA JAVIER

MD

03/13/2024

Electronic Signature of Signing Officer/Director Detail

Date