

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000092524

Entity Name: MARIO MAGCALAS, M.D., P.A.**Current Principal Place of Business:**10794 PINES BLVD.
#205

PEMBROKE PINES, FL 33026

Current Mailing Address:10794 PINES BLVD.
#205

PEMBROKE PINES, FL 33026 US

FEI Number: 65-0793259**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PORRELLO, JOSEPH A ESQ.
7700 N. KENDALL DRIVE
SUITE 602
MIAMI, FL 33156 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	PD
Name	MAGCALAS, JOSELITO M
Address	10794 PINES BOULEVARD #205
City-State-Zip:	PEMBROKE PINES FL 33026

Title	VD
Name	MAGCALAS-MADALI, JOY
Address	10794 PINES BOULEVARD #205
City-State-Zip:	PEMBROKE PINES FL 33026

Title	S
Name	MADALI, JAMES
Address	10794 PINES BOULEVARD #205
City-State-Zip:	PEMBROKE PINES FL 33026

Title	D
Name	RUZICKA, THOMAS
Address	10794 PINES BOULEVARD #205
City-State-Zip:	PEMBROKE PINES FL 33026

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: JOSELITO MAGCALAS**PRESIDENT****01/23/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date