

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000094846

**Entity Name:** HEALTHCHOICE MEDICAL GROUP, INC.

**Current Principal Place of Business:**

207 N. KROME AVE.  
HOMESTEAD, FL 33030

**Current Mailing Address:**

207 N. KROME AVE.  
HOMESTEAD, FL 33030

**FEI Number:** 65-0875085

**Certificate of Status Desired:** No

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

PEREZ, REYNALDO  
207 N. KROME AVE.  
HOMESTEAD, FL 33030 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 PEREZ, REYNALDO  
Address 207 N. KROME AVE.  
City-State-Zip: HOMESTEAD FL 33030

*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:** REYNALDO PEREZ

OWNER

04/13/2021

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

\_\_\_\_\_ Date