

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S38158

**Entity Name:** VINCENT C. CHIN, M.D., P.A.

**Current Principal Place of Business:**

19411 NW 2ND AVE.  
MIAMI, FL 33169-3314

**Current Mailing Address:**

19411 NW 2ND AVE.  
MIAMI, FL 33169-3314

**FEI Number:** 65-0262985

**Certificate of Status Desired:** No

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

TOBER, JOHN E.  
1 SE 3RD AVE.  
SUITE 1440  
MIAMI, FL 33131 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           PTD  
Name           CHIN, VINCENT C., M.D.  
Address        19411 NW 2ND AVE.  
City-State-Zip: MIAMI FL

*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:** VINCENT CHIN

PTD

03/13/2023

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

\_\_\_\_\_ Date