## 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S39581

Entity Name: DORAL SPINE & WELLNESS, INC.

**Current Principal Place of Business:** 

8726 NW 26 STREET UNIT #16 MIAMI, FL 33172

**FILED** Mar 16, 2021 **Secretary of State** 3489235674CC

## **Current Mailing Address:**

8726 NW 26 STREET **UNIT #16** MIAMI, FL 33172 US

FEI Number: 59-3056967 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

DE LA FUENTE, ALEJANDRO 8726 NW 26 STEET **UNIT #16** MIAMI, FL 33172 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:

Name

Date Electronic Signature of Registered Agent

Name

Officer/Director Detail:

PRESIDENT, DIRECTOR Title Title VICE-PRESIDENT, SECRETARY,

> **DIRECTOR** COLON, OMAR

DE LA FUENTE, ALEJANDRO 8726 NW 26TH STREET Address 8726 NW 26TH STREET Address

**UNIT #16 UNIT #16** 

MIAMI FL 33172

City-State-Zip: City-State-Zip: MIAMI FL 33172

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.