

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S82250

**Entity Name:** HIALEAH MEDICAL ASSOCIATES, INC.

**Current Principal Place of Business:**

4505 W FLAGLER ST STE 202  
MIAMI, FL 33134-1500

**Current Mailing Address:**

4505 W FLAGLER ST STE 202  
MIAMI, FL 33134-1500 US

**FEI Number:** 65-0291876

**Certificate of Status Desired:** No

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

POSADA, JENNIFER H  
4505 W FLAGLER ST STE 202  
MIAMI, FL 33134-1500 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:** JENNIFER H POSADA

04/02/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name POSADA, JENNIFER H  
Address 4505 W FLAGLER ST STE 202  
City-State-Zip: MIAMI FL 33134-1500

Title MANAGER  
Name HEIDI, GONZALEZ  
Address 4505 W FLAGLER ST STE 202  
City-State-Zip: MIAMI FL 33134-1500

*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:** JENNIFER H. POSADA

PRESIDENT

04/02/2021

Electronic Signature of Signing Officer/Director Detail

Date