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 617, Florida Statutes; and that my name appears	8
above, or on an attachment with all other like empowered.	

SIGNATURE: COLON, DORIS

Electronic Signature of Signing Officer/Director Detail

BOARD CHAIRPERSON 01/19

01/19/2024

Date

Certificate of Status Desired: No

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

Officer/Director Detail :

Officer/Director Detail :						
Title	C/P	Title	VC			
Name	COLON, DORIS	Name	SANCHEZ, CARMEN D			
Address	930 THIERIOT AVE., APT. 7-A	Address	PO BOX 22039			
City-State-Zip:	BRONX NY 10473	City-State-Zip:	RIO PIEDRAS OC 22039			
			_			
Title	D	Title	D			
Name	PI ROMAN, RAFAEL	Name	FUENTES, JEAN C			
Address	450 WEST 33RD STREET	Address	205 EAST 67TH STREET			
City-State-Zip:	NEW YORK NY 10001	City-State-Zip:	NEW YORK NY 10065			
Title	S	Title	Т			
Name	MATOS, CARRIE	Name	ROSELL, ADRIENE			
Address	2 WOODRIDGE LANE	Address	25 BUCKINGHAM ROAD			
City-State-Zip:	NEW FAIRFIELD CT 06812	City-State-Zip:	BRICK NJ 08723			

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000001184

Entity Name: CENTRO GERONTOLOGICO LATINO, INC.

Current Principal Place of Business:

580 FIFTH AVENUE, SUITE 820 NEW YORK, NY 10036

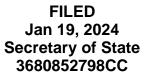
Current Mailing Address:

PO BOX 800842 MIAMI, FL 33280

FEI Number: 13-3631719

Name and Address of Current Registered Agent:

TAPIA, MARIO E 2750 NE 183RD STREET APT. 305 AVENTURA, FL 33160 US



Date