

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000069581

**Entity Name:** HECTOR COLON OBGYN CORP.

**Current Principal Place of Business:**

4708 GRAND MASTERS WAY  
WOODBIDGE, VA 22191

**Current Mailing Address:**

4708 GRAND MASTERS WAY  
WOODBIDGE, VA 22191

**FEI Number:** 47-4863086

**Certificate of Status Desired:** No

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

MARRERO, ALEXIS  
18489 N US HWY 41  
#1289  
LUTZ, FL 33548 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	Title	VP
Name	COLON, HECTOR MD	Name	COLON, GLADYS
Address	4708 GRAND MASTERS WAY	Address	4708 GRAND MASTERS WAY
City-State-Zip:	WOODBIDGE VA 22191	City-State-Zip:	WOODBIDGE VA 22191

*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:** HECTOR COLON

**PRESIDENT**

**03/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date