## **2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000003207

Entity Name: TU FAMILIA HEALTH CENTER INC

**Current Principal Place of Business:** 

375 W 19TH ST HIALEAH, FL 33010

**Current Mailing Address:** 

375 W 19TH ST HIALEAH, FL 33010

FEI Number: 86-1586772 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARIO LOPEZ FLORES 375 W 19TH ST HIALEAH, FL 33010 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

FILED Feb 15, 2023

**Secretary of State** 

9154342294CC

## Officer/Director Detail:

Title F

Name MARIO LOPEZ FLORES

Address 375 W 19TH ST

City-State-Zip: HIALEAH FL 33010

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: MARIO LOPEZ FLORES

**PRESIDENT** 

02/15/2023

Electronic Signature of Signing Officer/Director Detail

Date