

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000003457

**Entity Name:** A&B MEDICAL CENTER INC

**Current Principal Place of Business:**

8249 NW 36 ST, STE 213  
DORAL, FL 33166

**Current Mailing Address:**

8249 NW 36 ST, STE 213  
DORAL, FL 33166 US

**FEI Number:** 86-1640486

**Certificate of Status Desired:** No

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

VICENTE ALBERTO SANCHEZ CASTILLO  
8249 NW 36 ST, STE 213  
DORAL, FL 33166 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:** VICENTE ALBERTO SANCHEZ CASTILLO

01/26/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name VICENTE ALBERTO SANCHEZ  
CASTILLO  
Address 8249 NW 36 ST, STE 213  
City-State-Zip: DORAL FL 33166

*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:** VICENTE ALBERTO SANCHEZ CASTILLO

P

01/26/2024

Electronic Signature of Signing Officer/Director Detail

Date