

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000002643

Entity Name: CERTIFIED ARNP NURSING PROVIDER INC

Current Principal Place of Business:

14450 S.W. 153 TERR
MIAMI, FL 33177

Current Mailing Address:

7750 S.W. 117 AVE, SUITE 203
MIAMI, FL 33183

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JUAN CARLOS FERNANDEZ
14450 S.W. 153 TERR
MIAMI, FL 33177 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
Name JUAN CARLOS FERNANDEZ
Address 14450 S.W. 153 TERR
City-State-Zip: MIAMI FL 33177

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: JUAN CARLOS FERNANDEZ

PRESIDENT

02/13/2024

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date