

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000001932

**Entity Name:** AMIGOS DE HOGAR CLINICA SAN JUAN DE DIOS, INC.

**Current Principal Place of Business:**

1450 SOUTH MIAMI AVENUE  
MIAMI, FL 33130-4322

**Current Mailing Address:**

1450 SOUTH MIAMI AVENUE  
MIAMI, FL 33130-4322 US

**FEI Number:** 45-2827604

**Certificate of Status Desired:** No

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

GIUFFRA, ELIZABETH MS.  
1450 SOUTH MIAMI AVENUE  
MIAMI, FL 33130-4322 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 D  
Name CERVERA, ALICIA  
Address A1236 ANASTASIA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name LOUMIET, LUCRECIA  
Address 1033 ANASTASIA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name FLORIAN, LEONOR  
Address 13670 SW 78TH STREET  
City-State-Zip: MIAMI FL 33183

*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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALICIA CERVERA

D

02/20/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date