

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 635826

**Entity Name:** VERSAILLES MEDICAL CENTER, INC.

**Current Principal Place of Business:**

5436 SW 8 STREET  
CORAL GABLES, FL 33134

**Current Mailing Address:**

5436 SW 8 STREET  
CORAL GABLES, FL 33134

**FEI Number:** 59-1970951

**Certificate of Status Desired:** No

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

SOSA, JORGE  
4410 ALTON RD.  
MIAMI BEACH, FL 33140 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            PRESIDENT  
Name            DEL AMO, MARINA I  
Address        5436 SW 8 STREET  
City-State-Zip: CORAL GABLES FL 33134-2267

Title            VP  
Name            DE TORO, LORENZO  
Address        5436 SW 8 STREET  
City-State-Zip: CORAL GABLES FL 33134-2267

*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:** MARINA DEL AMO

**PRESIDENT**

**01/15/2020**

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

\_\_\_\_\_  
Date