

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G16933

Entity Name: EAST GABLES MEDICAL CENTER, CORP.

Current Principal Place of Business:

110 NW 27TH AVENUE
SECOND FLOOR
MIAMI, FL 33125

Current Mailing Address:

110 NW 27TH AVENUE
SECOND FLOOR
MIAMI, FL 33125

FEI Number: 59-2237115

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, PEDRO
110 N.W. 27TH AVENUE
MIAMI, FL 33125 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 PD
Name GONZALEZ, ISABEL CPT
Address 727 E. DILIDO DRIVE
City-State-Zip: MIAMI BEACH FL 33139

Title VP
Name MARQUEZ, MAGGIE
Address 1408 CASTILE AVENUE
City-State-Zip: CORAL GABLES FL 33134

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: MAGGIE MARQUEZ

VP

02/28/2014

Electronic Signature of Signing Officer/Director Detail

Date