

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M57516

**Entity Name:** MODELO HEALTH CARE CENTER INC.

**Current Principal Place of Business:**

3601 W 11TH AVE  
HIALEAH, FL 33012

**Current Mailing Address:**

1401 E 4TH AVE  
SUITE 102  
HIALEAH, FL 33010 US

**FEI Number:** 65-0009966

**Certificate of Status Desired:** No

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

QUIRANTES JR, TULIO  
1401 E 4TH AVE  
SUITE 102  
HIALEAH, FL 33010 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:** TULIO QUIRANTES JR

04/15/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PTSD	Title	VP
Name	QUIRANTES JR, TULIO	Name	QUIRANTES, MARIA
Address	1401 E 4TH AVE SUITE 102	Address	1401 E 4TH AVE SUITE 102
City-State-Zip:	HIALEAH FL 33010	City-State-Zip:	HIALEAH FL 33010

*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:** TULIO QUIRANTES JR

PTSD

04/15/2015

Electronic Signature of Signing Officer/Director Detail

Date