

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000122687

Entity Name: L MEDICAL CENTER INC.

Current Principal Place of Business:

5040 NW 7 ST
SUITE 670
MIAMI, FL 33126

Current Mailing Address:

5040 NW 7 ST
SUITE 670
MIAMI, FL 33126

FEI Number: 76-0733097

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HAQUIA, RAMON
5040 NW 7 ST
SUITE 670
MIAMI, FL 33126 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 DPS
Name HAQUIA, RAMON
Address 5040 NW 7TH STREET SUITE 670
City-State-Zip: MIAMI FL 33126

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: RAMON HAQUIA

DPS

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date