

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000076684

**Entity Name:** 6TH AVENUE MEDICAL CENTER, INC.

**Current Principal Place of Business:**

9420 PARK DRIVE  
MIAMI SHORES, FL 33138

**Current Mailing Address:**

9420 PARK DRIVE  
MIAMI SHORES, FL 33138 US

**FEI Number:** 20-5060904

**Certificate of Status Desired:** No

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

KLEIN, RONALD ESQ.  
4340 SHERIDAN STREET  
102  
HOLLYWOOD, FL 33021 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 P  
Name DIAZ, MARIA  
Address 9420 PARK DRIVE  
City-State-Zip: MIAMI SHORES FL 33138

*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:** MARIA DIAZ

**PRESIDENT**

**04/28/2014**

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

\_\_\_\_\_  
Date