

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000116364

**Entity Name:** ACE MEDICAL & REHAB CENTER INC

**Current Principal Place of Business:**

3990 W FLAGLER STREET  
#102  
MIAMI, FL 33134

**Current Mailing Address:**

3990 W FLAGLER STREET  
#102  
MIAMI, FL 33134 US

**FEI Number:** 20-5512295

**Certificate of Status Desired:** No

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

SUAREZ ENRIQUEZ, YANET  
3990 W FLAGLER STREET  
#102  
MIAMI, FL 33134 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:** YANET SUAREZ ENRIQUEZ

02/11/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SUAREZ ENRIQUEZ, YANET  
Address 3990 W FLAGLER STREET  
#102  
City-State-Zip: MIAMI FL 33134

Title VP  
Name LINARES IZQUIERDO, MICHAL  
Address 3990 W FLAGLER STREET  
#102  
City-State-Zip: MIAMI 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:** SUAREZ ENRIQUEZ , YANET

**PRESIDENT**

02/11/2019

Electronic Signature of Signing Officer/Director Detail

Date