

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000002421

Entity Name: FARMERS MEDICAL CENTER, INC.

Current Principal Place of Business:

285 WEST 49TH STREET
HIALEAH, FL 33012

Current Mailing Address:

285 WEST 49TH STREET
HIALEAH, FL 33012

FEI Number: 20-8139654

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIVERO, OSNAY
285 WEST 49TH STREET
HIALEAH, FL 33012 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 PVSD
Name RIVERO, OSNAY
Address 285 WEST 49TH STREET
City-State-Zip: HIALEAH FL 33012

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: OSNAY RIVERO

PRESIDENT

04/07/2017

Electronic Signature of Signing Officer/Director Detail

Date