

2021 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000119684

Entity Name: INVERRARY MEDICAL CENTER, P.A.**Current Principal Place of Business:**4300 N. UNIVERSITY DRIVE
D104
FORT LAUDERDALE, FL 33319**Current Mailing Address:**P.O. BOX 26582
TAMARAC, FL 33320 US**FEI Number: 14-2012012****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DONNA A. WILLIAMS
4300 N. UNIVERSITY DRIVE
D104
LAUDERHILL, FL 33319 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:** DONNA A. WILLIAMS

10/03/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P, PRESIDENT
Name	WILLIAMS, DONNA
Address	4300 N. UNIVERSITY SRIVE D104
City-State-Zip:	LAUDERHILL FL 33319
Title	VP
Name	ZANABRIA, LUCIA P
Address	4300 N. UNIVERSITY DRIVE D104
City-State-Zip:	LAUDERHILL FL 33319

Title	DIRECTOR
Name	SAINVIL, FRANTZ
Address	4300 N. UNIVERSITY DR D104
City-State-Zip:	LAUDERHILL FL 33319

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: DONNA A. WILLIAMS

PRESIDENT

10/03/2021

Electronic Signature of Signing Officer/Director Detail

Date