

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000089468

**Entity Name:** ACL MEDICAL CENTER INC

**Current Principal Place of Business:**

9600 SW 8 ST.  
17  
MIAMI, FL 33174

**Current Mailing Address:**

9600 SW 8 ST.  
17  
MIAMI, FL 33174 US

**FEI Number:** 26-3467770

**Certificate of Status Desired:** No

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

ROIG, SERGIO  
9600 SW 8 ST.  
17  
MIAMI, FL 33172 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:** SERGIO ROIG

04/23/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ROIG, SERGIO  
Address 9600 SW 8 ST. SUITE 17  
City-State-Zip: MIAMI FL 33174

*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:** SERGIO ROIG

PRESIDENT

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date