

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000089468

**Entity Name:** ACL MEDICAL CENTER INC

**Current Principal Place of Business:**

384 NE 35 AVE  
HOMESTEAD, FL 33033

**Current Mailing Address:**

PO BOX 442552  
MIAMI, FL 33144 US

**FEI Number:** 26-3467770

**Certificate of Status Desired:** No

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

ROIG, SERGIO  
384 NE 35 AVE  
HOMESTEAD, FL 33033 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

03/23/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ROIG, SERGIO  
Address PO BOX 442552  
City-State-Zip: MIAMI FL 33144

*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

03/23/2020

Electronic Signature of Signing Officer/Director Detail

Date