

**2013 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:**

PEREZ, CESAR L  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                        |                 |                  |
|-----------------|------------------------|-----------------|------------------|
| Title           | P                      | Title           | D                |
| Name            | PEREZ, CESAR L         | Name            | GUZMAN, LEYDY M  |
| Address         | 9600 SW 8 ST. SUITE 17 | Address         | 9600 SW 8 ST #17 |
| City-State-Zip: | MIAMI FL 33174         | City-State-Zip: | MIAMI FL 33172   |

*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:** CESAR L. PEREZ

**PRESIDENT**

**04/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date