

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000021488

**Entity Name:** KENDALL FAMILY MEDICAL CENTER, CORP.

**FILED**  
**Apr 25, 2017**  
**Secretary of State**  
**CC4439289349**

**Current Principal Place of Business:**

11760 SW 40 ST  
STE 112  
MIAMI, FL 33175

**Current Mailing Address:**

11760 SW 40 ST  
STE 112  
MIAMI, FL 33175

**FEI Number: 26-4423735**

**Certificate of Status Desired: No**

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

RUIZ, CARMEN  
11760 SW 40TH ST  
STE 112  
MIAMI, FL 33175 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 PD  
Name RUIZ, CARMEN  
Address 11760 SW 40TH ST, STE 112  
City-State-Zip: MIAMI FL 33175

Title VSD  
Name ACOSTA, JORGE  
Address 11760 SW 40TH ST, STE 112  
City-State-Zip: MIAMI FL 33175

Title SD  
Name HERNANDEZ, CARMEN  
Address 11760 SW 40TH ST, STE 112  
City-State-Zip: MIAMI FL 33175

Title TD  
Name ACOSTA, ANTONIO A  
Address 11760 SW 40TH ST, STE 112  
City-State-Zip: MIAMI FL 33175

*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: CARMEN RUIZ**

**PD**

**04/25/2017**

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

\_\_\_\_\_  
Date