

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000050399

**Entity Name:** FLORES MEDICAL CENTER INC

**Current Principal Place of Business:**

5011 W HILLSBOROUGH AVE  
M  
TAMPA, FL 33634

**Current Mailing Address:**

5011 W HILLSBOROUGH AVE  
M  
TAMPA, FL 33634 US

**FEI Number:** 27-2859263

**Certificate of Status Desired:** No

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

FLORES, DEIVYS  
5011 W HILLSBOROUGH AVE  
M  
TAMPA, FL 33634 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, D  
Name FLORES, DEIVYS  
Address 10307 MANTA WAY  
City-State-Zip: TAMPA FL 33615

*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:** DEIVYS FLORES

**PRESIDENT**

**03/02/2021**

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

\_\_\_\_\_  
Date