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.

OWNER

SIGNATURE: JOHN G. PADRON			
	CICNIATI IDE:		

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000064605

Entity Name: SOUTH FLORIDA MEDICAL HEALTH CENTER, INC.

Current Principal Place of Business:

85 GRAND CANAL DRIVE 107 MIAMI, FL 33144

Current Mailing Address:

85 GRAND CANAL DRIVE 107 MIAMI, FL 33144 US

FEI Number: 27-3201953

Name and Address of Current Registered Agent:

PADRON, JOHN G 85 GRAND CANAL DRIVE 107 MIAMI, FL 33144 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

Officer/Director Detail :

TitlePNamePADRON, JOHN GAddress85 GRAND CANAL DRIVE # 107City-State-Zip:MIAMI FL 33144

FILED Mar 31, 2016 Secretary of State CC3055597848

Certificate of Status Desired: Yes

Date

03/31/2016 Date