

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000014135

**Entity Name:** ASOCIACION PROTECTORA DEL HOSPITAL DEL NINO JESUS,  
CORP

**FILED**  
**Mar 29, 2017**  
**Secretary of State**  
**CC6132592917**

**Current Principal Place of Business:**

3874 NE 167TH ST #7  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

3874 NE 167TH ST #7  
NORTH MIAMI BEACH, FL 33160 US

**FEI Number: 45-4523640**

**Certificate of Status Desired: No**

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

FIGUEROA, MARTA B  
3874 NE 167TH ST  
7  
NORTH MIAMI BEACH, FL 33160 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            D  
Name            FIGUEROA, MARTA B  
Address        3874 NE 167TH ST #7  
City-State-Zip: NORTH MIAMI BEACH FL 33160

*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: MARTA B FIGUEROA**

**D**

**03/29/2017**

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

\_\_\_\_\_  
Date