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.

PRESIDENT

SIGNATURE: ALPHONSE DUFRENY

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P13000082858

Entity Name: ALPHONSE DUFRENY MEDICAL CENTER, CORP

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

2460 SW 137TH AVE STE-252 MIAMI, FL 33175

Current Mailing Address:

2460 SW 137TH AVE STE-252 MIAMI. FL 33175

FEI Number: 46-3829633

Name and Address of Current Registered Agent:

DUFRENY, ALPHONSE 2460 SW 137TH AVE STE-252 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

Officer/Director Detail :

Title	Р	Title	SECRETARY
Name	DUFRENY, ALPHONSE	Name	SALVADOR, CARMEN
Address	2460 SW 137TH AVE STE-252	Address	2460 SW 137TH AVE STE-252
City-State-Zip:	MIAMI FL 33175	City-State-Zip:	MIAMI FL 33175

Certificate of Status Desired: No

FILED Apr 30, 2015 Secretary of State CC5398975448

Date

04/30/2015

Date