

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000070136

Entity Name: SANTOS MEDICAL CENTER MIAMI LAKES INC

Current Principal Place of Business:

15910 NW 57TH AVE
MIAMI LAKES, FL 33014

Current Mailing Address:

15910 NW 57TH AVE
MIAMI LAKES, FL 33014 US

FEI Number: 82-2564544

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANTOS, ORQUIDEA
15910 NW 57TH AVE
MIAMI LAKES, FL 33014 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
Name SANTOS, ORQUIDEA
Address 15910 NW 57TH AVE
City-State-Zip: MIAMI LAKES FL 33014

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: SANTOS, ORQUIDEA

PRESIDENT

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date