

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000002915

Entity Name: MEDIMAR MEDICAL AND REHAB CENTER INC

Current Principal Place of Business:

6930 NW 177 STREET
UNIT 104
HIALEAH, FL 33015

Current Mailing Address:

6930 NW 177 STREET
UNIT 104
HIALEAH, FL 33015

FEI Number: 82-3970160

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BELTRAN ACCOUNTING SERVICES, CORP
6303 BLUE LAGOON DRIVE
SUITE 400
MIAMI, FL 33126 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 CARDENAS, ANDREA M
Address 6930 NW 177 STREET UNIT 104
City-State-Zip: HIALEAH FL 33015

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: ANDREA M CARDENAS

PRESIDENT

04/17/2019

Electronic Signature of Signing Officer/Director Detail

Date