

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000073981

**FILED**  
**Apr 08, 2019**  
**Secretary of State**  
**3318447890CC**

**Entity Name:** MD RESEARCH MEDICAL CENTER INC

**Current Principal Place of Business:**

7951 SW 40 ST STE 212  
MIAMI, FL 33155

**Current Mailing Address:**

7951 SW 40 ST STE 212  
MIAMI, FL 33155 US

**FEI Number: 83-1763196**

**Certificate of Status Desired: No**

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

RODRIGUEZ, ARTURO  
7951 SW 40 ST STE 212  
MIAMI, FL 33155 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            PRES  
Name            RODRIGUEZ, ARTURO  
Address        7951 SW 40 ST STE 212  
City-State-Zip: MIAMI FL 33155

Title            VP  
Name            DIEGO, MANUEL E  
Address        7951 SW 40 ST STE 212  
City-State-Zip: MIAMI FL 33155

Title            VP  
Name            PEREZ, RICARDO  
Address        7951 SW 40 ST STE 212  
City-State-Zip: MIAMI FL 33155

*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: ARTURO RODRIGUEZ**

**P**

**04/08/2019**

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

\_\_\_\_\_  
Date