

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000093354

**Entity Name:** RUIZ MEDICAL CENTER CORP

**Current Principal Place of Business:**

1275 W. 47TH PL.  
SUITE 305  
HIALEAH, FL 33012

**Current Mailing Address:**

1275 W. 47TH PL.  
SUITE 305  
HIALEAH, FL 33012

**FEI Number:** 83-2535079

**Certificate of Status Desired:** No

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

DUARTE GOMEZ, BORIS  
1275 W. 47TH PL.  
SUITE 305  
HIALEAH, FL 33012 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 DUARTE GOMEZ, BORIS  
Address 1275 W. 47TH PL., STE. 305  
City-State-Zip: HIALEAH FL 33012

*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:** BORIS DUARTE GOMEZ

P

03/26/2019

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

\_\_\_\_\_  
Date