

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000102993

Entity Name: MEDICAL CENTER OF PALMETTO BAY, INC**Current Principal Place of Business:**14471 S DIXIE HWY
MIAMI, FL 33176**Current Mailing Address:**14471 S DIXIE HWY
MIAMI, FL 33176**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEGLEY, KAREN S
14471 S DIXIE HWY
MIAMI, FL 33176 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:** KAREN SALSTEIN BEGLEY

06/30/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	VP
Name	VLAS, VEACESLAV DR	Name	SALSTEIN BEGLEY, KAREN
Address	14471 S DIXIE HWY	Address	14471 S DIXIE HWY
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176
Title	TRES		
Name	MARTINEZ, ANGELA		
Address	14471 S DIXIE HWY		
City-State-Zip:	MIAMI FL 33176		

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: SALSTEIN BEGLEY, KAREN

VP

06/30/2020

Electronic Signature of Signing Officer/Director Detail

Date