

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000080868

Entity Name: SEVEN MEDICAL CENTER INC

Current Principal Place of Business:

4021 W WATERS AVE
SUITE A1
TAMPA, FL 33614

Current Mailing Address:

4021 W WATERS AVE
SUITE A1
TAMPA, FL 33614 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDEZ PEREZ, LUIS M
4021 W WATERS AVE
SUITE A1
TAMPA, FL 33614 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 FERNANDEZ PEREZ, LUIS M
Address 4021 W WATERS AVE
SUITE A1
City-State-Zip: TAMPA FL 33614

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: LUIS M FERNANDEZ PEREZ

PRESIDENT

01/27/2021

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date