

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000022765

**Entity Name:** PMC MEDICAL CENTER, INC.

**Current Principal Place of Business:**

1500 S.W. 27TH AVENUE  
MIAMI, FL 33145-2043

**FILED**  
**Jun 23, 2016**  
**Secretary of State**  
**CC5861321826**

**Current Mailing Address:**

1500 S.W. 27TH AVENUE  
MIAMI, FL 33145-2043 US

**FEI Number: 65-0398591**

**Certificate of Status Desired: No**

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

ARGUELLES, MAYRA  
1500 SW 27 AVE  
MIAMI, FL 33145 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           DPS  
Name           ARGUELLES, MAYRA  
Address        1500 S.W. 27TH AVENUE  
City-State-Zip: MIAMI FL 33145-2043

Title           DVP  
Name           EDUARTE, JOSUE  
Address        1500 S.W. 27TH AVENUE  
City-State-Zip: MIAMI FL 33145-2043

*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: JOSUE EDUARTE**

**VICE PRESIDENT**

**06/23/2016**

Electronic Signature of Signing Officer/Director Detail

Date