

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000036962

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

**Current Principal Place of Business:**

1800 SW 27 AVE  
SUITE 400  
MIAMI, FL 33145

**Current Mailing Address:**

1800 SW 27 AVE  
SUITE 400  
MIAMI, FL 33145 US

**FEI Number:** 65-0411486

**Certificate of Status Desired:** No

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

PENA, HECTOR M  
1800 SW 27 AVE  
SUITE#400  
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 P  
Name PENA, HECTOR M  
Address 1800 SW 27 AVE  
SUITE 400  
City-State-Zip: MIAMI FL 33145

*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:** HECTOR PENA

**PRESIDENT**

**04/29/2024**

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

\_\_\_\_\_  
Date