

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000036962

Entity Name: PRIVATE MEDICAL CENTER, INC.

Current Principal Place of Business:

10 N.W. 42 AV
SUITE #300
MIAMI, FL 33126

Current Mailing Address:

10 N.W. 42 AV
SUITE#300
MIAMI, FL 33126 US

FEI Number: 65-0411486

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PENA, HECTOR M
10 N.W. 42 AV
SUITE#300
MIAMI, FL 33126 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 10 N.W. 42 AV STE#300
City-State-Zip: MIAMI FL 33126

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 M PENNA

P

04/25/2017

Electronic Signature of Signing Officer/Director Detail

Date