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: JORGE MATUS

Electronic Signature of Signing Officer/Director Detail

OWNER

04/04/2024

Title	PRESIDENT
Name	MATUS, GEORGE
Address	9600 SW 8TH ST. SUITE 18
City-State-Zip:	MIAMI FL 33174

Electronic Signature of Registered Agent

Officer/Director Detail :					
Title	PR	Title	PRESIDENT		
Name	MATUS, JORGE LUIS	Name	MATUS, GEORGE E		
Address	9600 SW 8TH ST. SUITE 18	Address	9600 SW 8TH ST. SUITE 18		
City-State-Zip:	MIAMI FL 33174	City-State-Zip:	MIAMI FL 33174		

	Flastronia Signature of Degistered Agent
SIGNATURE:	
The above named er	ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Sta

MIAMI, FL 33174 US The above named entity submits this statement for the purpose of changing its register ment. or both, in the State of Florida. ~ ~ ~

Current Mailing Address:

SUITE 18

FEI Number: 65-0466622

Name and Address of Current Registered Agent:

9600 SW 8TH ST. SUITE 18 MIAMI, FL 33174

DOCUMENT# P94000016228

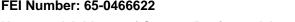
Entity Name: 8TH STREET MEDICAL CENTER, INC.

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

9600 SW 8TH ST. MIAMI, FL 33174 US

MATUS, JORGE LUIS 9600 SW 8TH ST. SUITE 18



FILED Apr 04, 2024 Secretary of State 2375622995CC

Certificate of Status Desired: No

Date