

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000063776

Entity Name: MIAMI ENDOCENTER CORP.

Current Principal Place of Business:

7500 SW 87TH AVENUE
SUITE 200
MIAMI, FL 33173

Current Mailing Address:

GELBER & COMPANY
11450 INTERCHANGE CIRCLE NORTH
HOLLYWOOD, FL 33025

FEI Number: 65-0851365

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEAVITT, JAMES
7500 SW 87TH AVENUE
SUITE 200
MIAMI, FL 33173 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 PD
Name LEAVITT, JAMES M.D.
Address 7500 SW 87TH AVENUE SUITE 200
City-State-Zip: MIAMI FL 33173

Title D
Name HERNANDEZ, RICHARD M.D.
Address 7500 SW 87TH AVENUE SUITE 200
City-State-Zip: MIAMI FL 33173

Title D
Name LEDERHANDLER, MARC M.D.
Address 7500 SW 87TH AVENUE SUITE 200
City-State-Zip: MIAMI FL 33173

Title D
Name RAMS, HUGO M.D.
Address 7500 SW 87TH AVENUE SUITE 200
City-State-Zip: MIAMI FL 33173

Title S
Name RUAN, EDUARDO M.D.
Address 7500 SW 87TH AVENUE SUITE 200
City-State-Zip: MIAMI FL 33173

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: JAMES LEAVITT MD

PD

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date