

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000063776

Entity Name: MIAMI ENDOCENTER CORP.

Current Principal Place of Business:

4685 PONCE DE LEON BLVD
SUITE 101
CORAL GABLES, FL 33146

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:

RAMS, HUGO
4685 PONCE DE LEON BLVD
SUITE 101
CORAL GABLES, FL 33146 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: HUGO RAMS

03/26/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name RAMS, HUGO M.D.
Address 4685 PONCE DE LEON BLVD
SUITE 101
City-State-Zip: CORAL GABLES FL 33146

Title TREASURER
Name ROBLES-PENA, FRANCES M.D.
Address 11980 SW 67TH COURT
City-State-Zip: PINECREST FL 33156

Title VP/D
Name LLANEZA, PEDRO M.D.
Address 9195 SW 72ND STREET #120
City-State-Zip: MIAMI FL 33176

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: HUGO RAMS

PD

03/26/2019

Electronic Signature of Signing Officer/Director Detail

Date