

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000063776

**Entity Name:** MIAMI ENDOCENTER CORP.**Current Principal Place of Business:**9195 SW 72 STREET  
SUITE 120  
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:**GELBER, RONALD S  
11450 INTERCHANGE CIRCLE NORTH  
SUITE 101  
MIRAMAR, FL 33025 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:** RONALD S. GELBER

02/04/2021

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:** PEDRO LLANEZA**DIRECTOR**

02/04/2021

Electronic Signature of Signing Officer/Director Detail

Date