

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000105720

**Entity Name:** SELEM MEDICAL CENTER CORP.

**Current Principal Place of Business:**

4800 W FLAGLER ST.,  
SUITE 106  
MIAMI, FL 33134

**Current Mailing Address:**

4800 W FLAGLER ST.,  
SUITE 106  
MIAMI, FL 33134

**FEI Number:** 65-0885663

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SUAREZ, XIOMARA  
4800 W FLAGLER ST.  
SUITE 106  
MIAMI, FL 33134 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 SUAREZ-SELEM, XIOMARA  
Address 4800 W FLAGLER ST., STE. 106  
City-State-Zip: MIAMI FL 33134

*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:** XIOMARA SUAREZ-SELEM

**PRESIDENT**

**04/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date