

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 431110

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** CLINICA LAS MERCEDES, INC.

**Current Principal Place of Business:**

1479 NW 27TH AVE  
MIAMI, FL 33125 US

**New Principal Place of Business:**

**Current Mailing Address:**

1479 NW 27TH AVE  
MIAMI, FL 33125 US

**New Mailing Address:**

**FEI Number:** 59-1475050

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TALAMO, JAVIER ESQ  
7600 W. 20 AVENUE  
SUITE 213  
HIALEAH, FL 33016 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GONZALEZ, TANIA  
**Address:** 1479 NW 27TH AVE  
**City-St-Zip:** MIAMI, FL 33125 US

**Title:** VP  
**Name:** MUNOZ, MARLON  
**Address:** 1479 NW 27 AVENUE  
**City-St-Zip:** MIAMI, FL 33125 US

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:** MAYRA ESTEVEZ

ADM

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date