

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002426

**Entity Name:** COLEGIO MEDICO DOMINICANO FILIAL DE LA FLORIDA, INC.

**Current Principal Place of Business:**

25694 SW 124 PL  
HOMESTEAD, FL 33032

**Current Mailing Address:**

25694 SW 124 PL  
HOMESTEAD, FL 33032

**FEI Number:** 55-0859456

**Certificate of Status Desired:** No

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

ESCALANTE, MERCEDES  
25694 SW 124 PL  
HOMESTEAD, FL 33032 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	PTSD	Title	VD
Name	ESCALANTE, MERCEDES	Name	TAVAREZ, ROSA
Address	25694 SW 124 PL	Address	12246 SW 140 ST
City-State-Zip:	HOMESTEAD FL 33032	City-State-Zip:	MIAMI FL 33186
Title	VD		
Name	AMEZQUITA, MARCELINO		
Address	1170 SW 85 CT		
City-State-Zip:	MIAMI FL 33144		

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MERCEDES ESCALANTE

**PRESIDENT**

**04/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date