2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2021
Secretary of State
0199327009CC

DOCUMENT# N06000002688

Entity Name: SOUTH MIAMI CHILDREN'S CLINIC, INC.

Current Principal Place of Business:

6701 SW 58TH PLACE
S MIAMI, FL 33143

Current Mailing Address:

6701 SW 58TH PLACE
S MIAMI, FL 33143 US

FEI Number: 20-4583206

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAXON, KYLE RESQ
2600 DOUGLAS RD SUITE 1109
CORAL GABLES, 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	MEDICAL DIRECTOR/P
Name	SCOTT, TINA DR.
Address	6701 SW 58TH PLACE
City-State-Zip:	S MIAMI FL 33143

Title	OFFICE MANAGER
Name	CRAWFORD, SANDRA
Address	6701 SW 58TH PLACE
City-State-Zip:	S MIAMI FL 33143

Title	DC
Name	MENDEZ, LINCOLN
Address	6200 SW 73 ST.
City-State-Zip:	S. MIAMI FL 33143

Title	DVC
Name	LAROCHE, REGGIE
Address	6200 SW 73 ST.
City-State-Zip:	S. MIAMI FL 33143

Title	DST
Name	SAXON, KYLE
Address	6820 SW 65 AVE.
City-State-Zip:	S. MIAMI FL 33143

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: SANDRA CRAWFORD — OFFICE MANAGER — 02/02/2021

Electronic Signature of Signing Officer/Director Detail — Date