

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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 33143Title OFFICE MANAGER
Name CRAWFORD, SANDRA
Address 6701 SW 58TH PLACE
City-State-Zip: S MIAMI FL 33143Title DC
Name MENDEZ, LINCOLN
Address 6200 SW 73 ST.
City-State-Zip: S. MIAMI FL 33143Title DVC
Name LAROCHE, REGGIE
Address 6200 SW 73 ST.
City-State-Zip: S. MIAMI FL 33143Title 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****04/02/2019**

Electronic Signature of Signing Officer/Director Detail

Date