

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 431110

Entity Name: CLINICA LAS MERCEDES, INC.**Current Principal Place of Business:**1479 NW 27TH AVE
MIAMI, FL 33125**Current Mailing Address:**1479 NW 27TH AVE
MIAMI, FL 33125 US**FEI Number:** 59-1475050**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOMEZ-SAIZ, LESLIE
2387 W 68 ST
600
HIALEAH, FL 33016 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:** LESLIE GOMEZ-SAIZ

03/07/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|---------------------|-----------------|---------------------|
| Title | PD | Title | VP |
| Name | RAAD, JORGE L | Name | MUNOZ, MARLON |
| Address | 2387 W 68 ST 600 | Address | 2387 W 68 ST 600 |
| City-State-Zip: | HIALEAH FL 33016 | City-State-Zip: | HIALEAH FL 33016 |

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: JORGE RAAD

PRESIDENT

03/07/2022

Electronic Signature of Signing Officer/Director Detail

Date