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. 02/09/2024

Electronic Signature of Signing Officer/Director Detail

Entity Name: CLINICA LAS MERCEDES, INC. **Current Principal Place of Business:**

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

1479 NW 27TH AVE MIAMI, FL 33125

DOCUMENT# 431110

Current Mailing Address:

6355 NW 36TH ST EAST BUILDING, SUITE 1100 VIRGINIA GARDENS, FL 33166 US

FEI Number: 59-1475050

Name and Address of Current Registered Agent:

GOMEZ-SAIZ, LESLIE 6355 NW 36TH ST EAST BUILDING, SUITE 1100 VIRGINIA GARDENS, FL 33166 US

City-State-Zip: VIRGINIA GARDENS FL 33166

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	E LESLIE GOMEZ-SAIZ			02/09/2024
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PD	Title	VP	
Name	RAAD, JORGE L	Name	MUNOZ, MARLON	
Address	6355 NW 36TH ST EAST BUILDING, SUITE 1100	Address	6355 NW 36TH ST EAST BUILDING, SUITE 1100	

PRESIDENT SIGNATURE: JORGE RAAD

Date

FILED Feb 09, 2024 Secretary of State 9888687529CC

Certificate of Status Desired: No

City-State-Zip: VIRGINIA GARDENS FL 33166