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.

PRESI

04/06/2023

2023 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:

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

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			04/06/2023	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PD	Title	VP		
Name	RAAD, JORGE L	Name	MUNOZ, MARLON		
	6355 NW 36TH ST EAST BUILDING, SUITE 1100	Address	6355 NW 36TH ST EAST BUILDING, SUITE 1100		
City-State-Zip:	VIRGINIA GARDENS FL 33166	City-State-Zip:	VIRGINIA GARDENS FL 33166	6	

FILED Apr 06, 2023 Secretary of State 9159454827CC

Certificate of Status Desired: No

PRESIDENT

Electronic Signature of Signing Officer/Director Detail