

**2018 FLORIDA PROFIT CORPORATION REINSTATEMENT**

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:**

RAAD, JORGE  
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:** JORGE RAAD

10/04/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title VP  
Name MUNOZ, MARLON  
Address 2387 W 68 ST  
600  
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 L RAAD

**PRES.**

10/04/2018

Electronic Signature of Signing Officer/Director Detail

Date