## 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. 04/28/2017

## **Current Mailing Address:** P.O. BOX 160608

**Current Principal Place of Business:** 

MIAMI, FL 33116 US

DOCUMENT# J27706

8000 W. FLAGLER ST.

SUITE 101 MIAMI, FL 33144

## FEI Number: 59-2732364

## Name and Address of Current Registered Agent:

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: FLAGLER DIAGNOSTIC CENTER, INC.

GARCIA, ARLENE 9090 SW 87 COURT MIAMI, FL 33176 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	E: ARLENE GARCIA			04/28/2017
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	CEO	Title	PRESIDENT	
Name	VILLEGAS, ALVARO GARCIA	Name	GARCIA, ARLENE	
Address	9090 SW 87 COURT	Address	9090 SW 87 COURT	
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176	

Certificate of Status Desired: No

SIGNATURE: ARLENE GARCIA PRESIDENT Electronic Signature of Signing Officer/Director Detail

Date