

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K46481

**Entity Name:** BIRD ROAD MEDICAL CENTER, INC.

**Current Principal Place of Business:**

8485 SW 40TH STREET  
SUITE 102  
MIAMI, FL 33155

**Current Mailing Address:**

8485 SW 40TH STREET  
SUITE 102  
MIAMI, FL 33155

**FEI Number:** 65-0084769

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REYES, EDUARDO M.  
10351 S.W. 60 STREET  
MIAMI, FL 33173 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DP	Title	DTS
Name	REYES, EDUARDO M.	Name	REYES, DORA Q
Address	10351 S.W. 60TH STREET	Address	10351 S.W 60TH STREET
City-State-Zip:	MIAMI FL	City-State-Zip:	MIAMI FL

*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:** EDUARDO REYES

**PRESIDENT**

**02/11/2016**

Electronic Signature of Signing Officer/Director Detail

Date