

**2014 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:** MONIQUE MARTINO

ACCOUNTING

02/25/2014

Electronic Signature of Signing Officer/Director Detail

Date