

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L84930

Entity Name: CORAL PARK MEDICAL CENTER, P.A.

Current Principal Place of Business:

900 SW 97TH AVENUE
MIAMI, FL 33174

Current Mailing Address:

900 SW 97TH AVENUE
MIAMI, FL 33174

FEI Number: 65-0209460

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIAZ, MARITZA
900 SW 97TH AVENUE
MIAMI, FL 33174 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 D
Name DIAZ, MARITZA DR.
Address 900 S.W. 97TH AVE.
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: MARITZA DIAZ

D

04/25/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date