

**2019 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# M35675

**Entity Name:** LEON MEDICAL CENTERS, INC.**Current Principal Place of Business:**8600 NW 41ST STREET  
DORAL, FL 33166**Current Mailing Address:**8600 NW 41ST STREET  
DORAL, FL 33166 US**FEI Number:** 65-0552951**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JUNCO, CARLOS F  
8600 NW 41ST STREET  
DORAL, FL 33166 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:** CARLOS F JUNCO

06/18/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	C	Title	VC, DIRECTOR
Name	LEON, BENJAMIN JR.	Name	LEON, BENJAMIN III
Address	8600 NW 41ST STREET	Address	8600 NW 41ST STREET
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166
Title	D, PRESIDENT, CEO	Title	VP, CFO, TREASURER, ASST. SECRETARY
Name	MAURY, ALBERT R	Name	PARDO, ANN MARY
Address	8600 NW 41ST STREET	Address	8600 NW 41ST STREET
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166
Title	ASST. SECRETARY	Title	SECRETARY
Name	KOONDEL, MARK	Name	JUNCO, CARLOS
Address	8600 NW 41ST STREET	Address	8600 NW 41ST STREET
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166
Title	SENIOR VICE PRESIDENT OF CENTER OPERATIONS		
Name	REBULL, JULIO		
Address	8600 NW 41ST STREET		
City-State-Zip:	DORAL FL 33166		

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:** BENJAMIN LEON JR.

CHAIRMAN

06/18/2019

Electronic Signature of Signing Officer/Director Detail

Date