

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000108966

Entity Name: ST. MICHAEL MEDICAL CENTER, INC.

Current Principal Place of Business:

12595 NE 7TH AVE.
NORTH MIAMI, FL 33161

Current Mailing Address:

12595 NE 7TH AVE.
NORTH MIAMI, FL 33161

FEI Number: 01-0554085

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEMAIRE, JOSEPH M
12595 NE 7TH AVE.
NORTH MIAMI, FL 33161 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 LEMAIRE, JOSEPH M
Address 12595 NE 7TH AVE.
City-State-Zip: NORTH MIAMI FL 33161

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: JOSEPH MICHEL LEMAIRE

PD

03/10/2018

Electronic Signature of Signing Officer/Director Detail

Date