

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000075523

**Entity Name:** PATAKY MEDICAL CENTER, INC.

**Current Principal Place of Business:**

12781 SW 42 STREET  
SUITE G  
MIAMI, FL 33175

**FILED**  
**Apr 23, 2018**  
**Secretary of State**  
**CC4090244875**

**Current Mailing Address:**

12781 SW 42 STREET  
SUITE G  
MIAMI, FL 33175 US

**FEI Number: 56-2283674**

**Certificate of Status Desired: No**

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

OLIVA, CARMEN Z.  
12781 SW 42 STREET  
SUITE G  
MIAMI, FL 33175 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 PT  
Name OLIVA, CARMEN Z.  
Address 12781 SW 42 STREET  
SUITE # G  
City-State-Zip: MIAMI FL 33175

Title VP  
Name CALAFELL, BALTASAR I.  
Address 12781 SW 42 STREET  
SUITE G  
City-State-Zip: MIAMI FL 33175

Title T  
Name SOTO, YOEL  
Address 12781 SW 42 STREET  
SUITE G  
City-State-Zip: MIAMI FL 33175

*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: CARMEN Z. OLIVA**

**PRESIDENT**

**04/23/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date