#### above, or on an attachment with all other like empowered. SIGNATURE: CARMEN ZILIA OLIVA PRESIDENT

Electronic Signature of Signing Officer/Director Detail

2017 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

#### **Current Mailing Address:**

12781 SW 42 STREET SUITE G MIAMI, FL 33175 US

## FEI Number: 56-2283674

# 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.

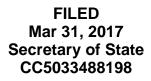
## SIGNATURE:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	PT	Title	VP
Name	OLIVA, CARMEN Z.	Name	CALAFELL, BALTASAR I.
Address	12781 SW 42 STREET SUITE # G	Address	12781 SW 42 STREET SUITE G
City-State-Zip:	MIAMI FL 33175	City-State-Zip:	MIAMI FL 33175
Title	Т		
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



Certificate of Status Desired: No

03/31/2017 Date

Date