

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000113173

Entity Name: DORAL MEDICAL CENTER, INC.

Current Principal Place of Business:

3625 NW 82 AVE
SUITE 311
DORAL, FL 33166

Current Mailing Address:

3625 NW 82 AVE
SUITE 311
DORAL, FL 33166

FEI Number: 20-1448847

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CANTOS, ANTONIO
3625 NW 82 AVE
STE 311
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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P/D
Name CANTOS, ANTONIO
Address 3625 NW 82 AVE STE 311
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: ANTONIO I CANTOS

PRESIDENT

04/15/2014

Electronic Signature of Signing Officer/Director Detail

Date