

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000113173

Entity Name: DORAL MEDICAL CENTER, INC.

Current Principal Place of Business:

3785 NW 82 AVENUE
SUITE 117
DORAL, FL 33166

Current Mailing Address:

3785 NW 82 AVENUE
SUITE 117
DORAL, FL 33166 US

FEI Number: 20-1448847

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CANTOS, ANTONIO
3785 NW 82 AVE - STE. #117
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 3785 NW 82 AVENUE
SUITE 117
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 CANTOS

PRESIDENT

03/08/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date