

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000173302

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

**Current Principal Place of Business:**

3905 NW 107 AVE SUITE 305  
DORAL, FL 33178

**Current Mailing Address:**

3905 NW 107 AVE SUITE 305  
DORAL, FL 33178 US

**FEI Number:** 20-2085998

**Certificate of Status Desired:** No

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

MARTINEZ, FEDERICO J  
2500 N MILITARY TRAIL  
SUITE 310  
BOCA RATON, FL 33431 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:** FEDERICO J MARTINEZ

03/09/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MARTINEZ, FEDERICO  
Address 3905 NW 107 AVE SUITE 305  
City-State-Zip: DORAL FL 33178

*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:** MARTINEZ FEDERICO

P

03/09/2023

Electronic Signature of Signing Officer/Director Detail

Date