

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000040404

Entity Name: POWER MEDICAL CENTER,INC

Current Principal Place of Business:

3401 NW 7TH STREET
MIAMI, FL 33125

Current Mailing Address:

95 MERRICK WAY
SUITE 700
CORAL GABLES, FL 33134 US

FEI Number: 20-2505749

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, ERNESTO A
95 MERRICK WAY
SUITE 700
CORAL GABLES, FL 33134 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 PSD
Name PEREZ, MIRTA L
Address 3401 NW 7TH STREET
City-State-Zip: MIAMI FL 33125

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: MIRTA L PEREZ

PSD

04/22/2014

Electronic Signature of Signing Officer/Director Detail

Date