

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000052225

Entity Name: FERNANDEZ MEDICAL SERVICES INC

Current Principal Place of Business:

4445 W 16 AVE SUITE 500
HIALEAH, FL 33012

Current Mailing Address:

4445 W 16 AVE SUITE 500
HIALEAH, FL 33012 US

FEI Number: 20-4689069

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDEZ, MADAY
4445 W 16 AVE SUITE 500
HIALEAH, FL 33012 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
Name FERNANDEZ, MADAY
Address 4445 W 16 AVE SUITE 500
City-State-Zip: HIALEAH FL 33012

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: MADAY FERNANDEZ

PRESIDENT

01/16/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date