

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000091379

**Entity Name:** SACRED HEART MEDICAL OFFICE P.A.

**Current Principal Place of Business:**

18300 NW 62ND AVENUE  
SUITE #230  
MIAMI, FL 33015

**Current Mailing Address:**

18300 NW 62ND AVENUE  
SUITE #230  
MIAMI, FL 33015 US

**FEI Number:** 27-1259479

**Certificate of Status Desired:** Yes

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

VILLAMAN-BENCOSME, YVELICE  
18300 NW 62ND AVENUE  
SUITE #230  
MIAMI, FL 33015 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            PRESIDENT  
Name            VILLAMAN - BENCOSME, YVELICE  
Address        18300 NW 62ND AVENUE  
                  SUITE #230  
City-State-Zip: MIAMI FL 33015

*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:** YVELICE VILLAMAN-BENCOSME

**PRESIDENT**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date