

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000034774

Entity Name: DAVILA MEDICAL CENTER, INC.

Current Principal Place of Business:

782 NW 42ND AVE, STE 348
MIAMI, FL 33126

Current Mailing Address:

782 NW 42ND AVE, STE 348
MIAMI, FL 33126

FEI Number: 27-2418552

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVILA, JOSE A
782 NW 42ND AVE STE 348
MIAMI, FL 22126 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 PD
Name DAVILA, JOSE A
Address 782 NW 42ND AVE, STE 348
City-State-Zip: MIAMI FL 33126

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: JOSE DAVILA

PD

04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date