

**2018 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

Title VP  
Name DAVILA NUNEZ, TATIANA  
Address 1827 SW 131 PL CT  
City-State-Zip: MIAMI FL 33175

*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 A DAVILA

PD

04/24/2018

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

\_\_\_\_\_  
Date