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.

PT

SIGNATURE: MARCOS P.SOCORRO

Electronic Signature of Signing Officer/Director Detail

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000035445

Entity Name: SOCORRO'S MEDICAL CENTER CORP.

Current Principal Place of Business:

7350 NW 7 ST 204 MIAMI, FL 33126

Current Mailing Address:

7350 NW 7 ST 204 MIAMI, FL 33126 US

FEI Number: 27-2429265

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SOCORRO, MARCOS P 7350 NW 7 ST 204 MIAMI, FL 33126 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:

Officer/Director Detail : Title Р Title VP Name SOCORRO, MARCOS P Name SOCORRO, ROSA M 7350 NW 7 ST SUITE 204 Address 7350 NW 7 TH ST # 204 Address MIAMI FL 33126 City-State-Zip: MIAMI FL 33126 City-State-Zip:

Certificate of Status Desired: No

Date