

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000038144

Entity Name: SWAIN MEDICAL CENTER, INC.

Current Principal Place of Business:

7790 NW 7TH AVE
MIAMI, FL 33150

Current Mailing Address:

7790 NW 7TH AVE
MIAMI, FL 33150

FEI Number: 80-0593820

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SWAIN, ANTHONY
7790 NW 7TH AVE
MIAMI, FL 33150 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 PRES
Name SWAIN, ANTHONY
Address 7790 NW 7TH AVE
City-State-Zip: MIAMI FL 33150

Title S
Name JONES, JOHN
Address 7790 NW 7TH AVE
City-State-Zip: MIAMI FL 33150

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: ANTHONY SWAIN

OWNER

03/02/2015

Electronic Signature of Signing Officer/Director Detail

Date