

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000004698

**Entity Name:** MDR MEDICAL CENTER INC.

**Current Principal Place of Business:**

7951 SW 40TH STREET, SUITE 212  
MIAMI, FL 33155

**Current Mailing Address:**

7951 SW 40TH STREET, SUITE 212  
MIAMI, FL 33155

**FEI Number: 45-4310532**

**Certificate of Status Desired: No**

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

JOSE F. CARDONA, MD, PA  
7951 SW 40TH STREET, SUITE 212  
MIAMI, FL 33155 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 JOSE F. CARDONA, MD, P.A.  
Address 7951 SW 40TH STREET, SUITE 212  
City-State-Zip: MIAMI FL 33155

Title VP  
Name SUAREZ, OMAR DAMASO  
Address 7951 SW 40TH STREET, SUITE 212  
City-State-Zip: MIAMI FL 33155

Title S  
Name DIEGO, MANUEL EVELIO  
Address 7951 SW 40TH STREET, SUITE 212  
City-State-Zip: MIAMI FL 33155

Title T  
Name PEREZ, RICARDO  
Address 7951 SW 40TH STREET, SUITE 212  
City-State-Zip: MIAMI FL 33155

*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 F CARDONA**

**P**

**05/04/2016**

Electronic Signature of Signing Officer/Director Detail

Date