

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000007345

**Entity Name:** UNIDAD QUIRURGICA LOS LEONES, C.A. INC.

**Current Principal Place of Business:**

695 EAST 9TH STREET  
HIALEAH, FL 33012

**Current Mailing Address:**

695 EAST 9TH STREET  
HIALEAH, FL 33012

**FEI Number:** 46-1839957

**Certificate of Status Desired:** Yes

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 LUCENA CUICAS, ENRIQUE A  
Address 695 EAST 9TH STREET  
City-State-Zip: HIALEAH FL 33012

Title VS  
Name PEREZ, MARIETHA  
Address 695 EAST 9TH STREET  
City-State-Zip: HIALEAH FL 33012

Title D  
Name LUPO SCIFO, SILVIA M  
Address 695 EAST 9TH STREET  
City-State-Zip: HIALEAH FL 33012

*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:** LUPO SCIFO, SILVIA M

D

02/24/2015

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

\_\_\_\_\_  
Date