

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P13000026703

**Entity Name:** IDITALYA 10 MEDICAL CENTER INC

**Current Principal Place of Business:**

4600 N HABANA AVE  
20  
TAMPA, FL 33614

**Current Mailing Address:**

4600 N HABANA AVE  
20  
TAMPA, FL 33614 US

**FEI Number:** 46-2339093

**Certificate of Status Desired:** No

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

FERNANDEZ, ALFREDO J  
4600 N HABANA AVE  
20  
TAMPA, FL 33614 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 P  
Name FERNANDEZ, ALFREDO J  
Address 4600 N HABANA AVE  
20  
City-State-Zip: TAMPA FL 33614

Title VP  
Name FOLGADO, IDALMIS  
Address 4600 N HABANA AVE  
20  
City-State-Zip: TAMPA FL 33614

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:** ALFREDO FERNANDEZ

**PRESIDENT**

**06/08/2015**

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

\_\_\_\_\_  
Date