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

Electronic Signature of Signing Officer/Director Detail

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000026703

Entity Name: IDITALYA 10 MEDICAL CENTER INC

Current Principal Place of Business:

31790 US HIGHWAY 19 N 71 TAMPA, FL 33624

Current Mailing Address:

31790 US HIGHWAY 19 N 71 TAMPA, FL 33624 US

FEI Number: 46-2339093

Name and Address of Current Registered Agent:

FERNANDEZ, ALFREDO J 31790 US HIGHWAY 19 N 71 TAMPA, FL 33624 US

The above named entity submits this statement for the p

SIGNATURE:

Electronic Signature of Registe

Officer/Director Detail :

Title	Р	Title	VP
Name	FERNANDEZ, ALFREDO J	Name	FOLGADO, IDALMIS
Address	31790 US HIGHWAY 19 N 71	Address	31790 US HIGHWAY 19 N 71
City-State-Zip:	TAMPA FL 33624	City-State-Zip:	TAMPA FL 33624

urpose of changing its registered office or registered agent, or both, in the State of Florida.				
ered Agent				
	Title	VP		
	N I a sea a			

Date

03/20/2015

FILED Mar 20, 2015 Secretary of State CC4552630005

Date

Certificate of Status Desired: No