

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000049400

Entity Name: MIAMI EXCELLENCE MEDICAL CENTER INC

Current Principal Place of Business:

8000 NW 7 ST. SUITE 102
MIAMI, FL 33126

Current Mailing Address:

8000 NW 7 ST. SUITE 102
MIAMI, FL 33126

FEI Number: 46-2931593

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AEL, ANA MARIA
8000 NW 7 ST., SUITE#102
MIAMI, FL 33126 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	S	Title	P
Name	MARTE, JUAN	Name	AEL, ANA MARIA
Address	8000 NW 7 ST., SUITE 102	Address	8000 NW 7 ST. SUITE 102
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126

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: ANA MARIA AEL

P

02/25/2015

Electronic Signature of Signing Officer/Director Detail

Date