

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000049400

**Entity Name:** MIAMI EXCELLENCE MEDICAL CENTER INC

**Current Principal Place of Business:**

8000 NW 7 STREET  
SUITE 102  
MIAMI, FL 33126

**Current Mailing Address:**

8000 NW 7 STREET  
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 STREET  
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 P  
Name AEL, ANA MARIA  
Address 8000 NW 7 ST. SUITE 102  
City-State-Zip: MIAMI FL 33126

Title S  
Name AEL, ANA M  
Address 8000 NW 7 STREET, SUITE 102  
City-State-Zip: MIAMI FL 33126

Title V  
Name MARTE, JUAN M  
Address 8000 NW 7 STREET - STE. 102  
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:** AEL, ANA MARIA

P

04/28/2016

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

\_\_\_\_\_  
Date