

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000077244

Entity Name: ACN "L" MEDICAL CENTER, INC.

Current Principal Place of Business:

7205 SW 8 STREET
MIAMI, FL 33144

Current Mailing Address:

7205 SW 8 STREET
MIAMI, FL 33144

FEI Number: 46-3721456

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEIVA, ORLANDO E
7205 SW 8 STREET
MIAMI, FL 33144 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 LEIVA, ORLANDO E
Address 7205 SW 8 STREET
City-State-Zip: MIAMI FL 33144

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: ORLANDO E. LEIVA

PRESIDENT

01/20/2014

Electronic Signature of Signing Officer/Director Detail

Date