

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000012232

Entity Name: REDLAND MEDICAL CENTER INC

Current Principal Place of Business:

19744 SW 177 AVE
HOMESTEAD, FL 33187

Current Mailing Address:

19744 SW 177 AVE
HOMESTEAD, FL 33187

FEI Number: 46-3159584

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBAINA, LOURDES
19744 SW 177 AVE
HOMESTEAD, FL 33187 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 ROBAINA, LOURDES
Address 19744 SW 177 AVE
City-State-Zip: MIAMI FL 33187

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: LOURDES ROBAINA

PRESEIDENT

04/30/2016

Electronic Signature of Signing Officer/Director Detail

Date