

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000038229

**Entity Name:** MIAMI MEDICAL PLAZA INC

**Current Principal Place of Business:**

8600 NW SOUTH RIVER DR.  
MEDLEY, FL 33166

**Current Mailing Address:**

8600 NW SOUTH RIVER DR.  
MEDLEY, FL 33166 US

**FEI Number:** 46-5562021

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PAVON, FERNANDO J  
8600 NW SOUTH RIVER DR.  
MEDLEY, FL 33166 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            CEO  
Name            PAVON, FERNANDO J  
Address        8600 NW SOUTH RIVER DR.  
City-State-Zip: MEDLEY FL 33166

*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:** FERNANDO J PAVON

CEO

05/01/2019

Electronic Signature of Signing Officer/Director Detail

Date

**FILED**  
**May 01, 2019**  
**Secretary of State**  
**3026915695CC**

**FILING CANCELLED**  
**RETURNED CHECK**