

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000060657

**Entity Name:** ENCARN MEDICAL SERVICE CENTER INC

**Current Principal Place of Business:**

2760 PALM AVE  
SUITE 102  
HIALEAH, FL 33010

**Current Mailing Address:**

2760 PALM AVE  
SUITE 102  
HIALEAH, FL 33010

**FEI Number:** 47-1444371

**Certificate of Status Desired:** Yes

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

ENCARNACION, RAYDEL SR  
2760 PALM AVE  
SUITE 102  
HIALEAH,, FL 33010 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 ENCARNACION, RAYDEL  
Address 2760 PALM AVE  
City-State-Zip: SUITE 102 FL 33010

*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:** RAYDEL ENCARNACION

P

01/14/2015

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

\_\_\_\_\_  
Date