

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000098110

Entity Name: CENTRO MEDICO FAMILIAR BUEN PASTOR INC

Current Principal Place of Business:

4440 SHERIDAN ST., SUITE C
HOLLYWOOD, FL 33021

Current Mailing Address:

4440 SHERIDAN ST., SUITE C
HOLLYWOOD, FL 33021

FEI Number: 27-0229677

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLOREZ, GABRIEL
4440 SHERIDAN ST., SUITE C
HOLLYWOOD, FL 33021 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 FLOREZ, GABRIEL
Address 4440 SHERIDAN ST., SUITE C
City-State-Zip: HOLLYWOOD FL 33021

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: GABRIEL G FLOREZ

PRES

02/05/2016

Electronic Signature of Signing Officer/Director Detail

Date