

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000007873

Entity Name: MIAMI MEDICAL & REJUVENATION INC.

Current Principal Place of Business:

2761 SW 24 TERRACE
MIAMI, FL 33145

Current Mailing Address:

2761 SW 24 TERRACE
MIAMI, FL 33145 US

FEI Number: 47-3030498

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BERTOLOTTI, CESAR A
2761 SW 24 TERRACE
MIAMI, FL 33145 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 BERTOLOTTI, CESAR A
Address 2761 SW 24 TERRACE
City-State-Zip: MIAMI FL 33145

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: CESAR BERTOLOTTI

MD

04/05/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date