

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000007873

**Entity Name:** MIAMI MEDICAL & REJUVENATION INC.

**Current Principal Place of Business:**

899 NORTH ORANGE AVENUE  
APT 428  
ORLANDO, FL 32801

**Current Mailing Address:**

899 NORTH ORANGE AVENUE  
APT 428  
ORLANDO, FL 32801 US

**FEI Number:** 47-3030498

**Certificate of Status Desired:** No

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

BERTOLOTTI, CESAR A  
899 NORTH ORANGE AVENUE  
APT 428  
ORLANDO, FL 32801 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 899 NORTH ORANGE AVENUE  
APT 428  
City-State-Zip: ORLANDO FL 32801

*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

02/21/2018

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

\_\_\_\_\_  
Date