

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000006105

**Entity Name:** CLINICA LAS MERCEDES TRANSPORTATION, INC.

**Current Principal Place of Business:**

6355 NW 36TH ST  
EAST BUILDING, SUITE 1100  
VIRGINIA GARDENS, FL 33166

**Current Mailing Address:**

6355 NW 36TH ST  
EAST BUILDING, SUITE 1100  
VIRGINIA GARDENS, FL 33166 US

**FEI Number:** 81-1238821

**Certificate of Status Desired:** No

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

GOMEZ-SAIZ, LESLIE  
6355 NW 36TH ST  
EAST BUILDING, SUITE 1100  
VIRGINIA GARDENS, 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:** LESLIE GOMEZ-SAIZ

04/21/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name RAAD, JORGE L  
Address 6355 NW 36TH ST  
EAST BUILDING, SUITE 1100  
City-State-Zip: VIRGINIA GARDENS FL 33166

Title VP  
Name MUNOZ, MARLON  
Address 6355 NW 36TH ST  
EAST BUILDING, SUITE 1100  
City-State-Zip: VIRGINIA GARDENS 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:** JORGE RAAD

**AUTHORIZED PERSON**

04/21/2025

Electronic Signature of Signing Officer/Director Detail

Date