

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000034761

Entity Name: TAMIAMI MEDICAL CENTER, INC.

Current Principal Place of Business:

1414 NW 107 AVE
SUITE 215
MIAMI, FL 33172

Current Mailing Address:

PO BOX 226515
MIAMI, FL 33222 US

FEI Number: 82-1409318

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ALVAREZ, ALEXIS FELIX
1414 NW 107 AVE
SUITE 215
MIAMI, FL 33172 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: ALEXIS FELIX ALVAREZ

04/10/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name ALVAREZ, ALEXIS FELIX
Address 1414 NW 107 AVE
SUITE 215
City-State-Zip: MIAMI FL 33172

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: ALEXIS F ALVAREZ

DIRECTOR

04/10/2019

Electronic Signature of Signing Officer/Director Detail

Date