

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000087460

Entity Name: CLINICA GUADALUPE, CORP.

Current Principal Place of Business:

5475 GOLDEN GATE PARKWAY
SUITE 5W
NAPLES, FL 34116

Current Mailing Address:

5475 GOLDEN GATE PARKWAY
SUITE 5W
NAPLES, FL 34116 US

FEI Number: 82-4929098

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALBA, JOSE M SR.
5475 GOLDEN GATE PARKWAY
SUITE 5W
NAPLES, FL 34116 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 PRES
Name ALBA, JOSE M SR
Address 5475 GOLDEN GATE PARKWAY
 SUITE 5W
City-State-Zip: NAPLES FL 34116

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: JOSE M. MORALES ALBA

PRESIDENT

03/26/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date