

**2019 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P18000034215

**Entity Name:** S & A MEDICAL CENTER INC

**Current Principal Place of Business:**

11398 WEST FLAGLER STREET  
SUITE 201  
MIAMI, FL 33174

**Current Mailing Address:**

11398 WEST FLAGLER STREET  
SUITE 201  
MIAMI, FL 33174 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

RAMIREZ, SILVIA  
11398 WEST FLAGLER STREET  
SUITE 201  
MIAMI, FL 33174 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:** SILVIA RAMIREZ

09/30/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name RAMIREZ, SILVIA  
Address 11398 WEST FLAGLER STREET #201  
City-State-Zip: MIAMI FL 33174

*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:** SILVIA RAMIREZ

PR

09/30/2019

Electronic Signature of Signing Officer/Director Detail

Date