

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000014385

Entity Name: PHOENIX MEDICAL CENTERS CORP

Current Principal Place of Business:

3645 W WATERS AVE
TAMPA, FL 33614

Current Mailing Address:

3645 W WATERS AVE
TAMPA, FL 33614 US

FEI Number: 83-3639952

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ORELLANA MOLINA , ARNALDO VICTOR
3645 W WATERS AVE
TAMPA, FL 33614 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: ARNALDO VICTOR ORELLANA MOLINA

04/21/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ORELLANA MOLINA, ARNALDO
 VICTOR
Address 3645 W WATERS AVE
City-State-Zip: TAMPA FL 33614

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: ARNALDO VICTOR ORELLANA MOLINA

PRESIDENT

04/21/2025

Electronic Signature of Signing Officer/Director Detail

Date