

**2022 FLORIDA PROFIT CORPORATION AMENDED 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

03/11/2022

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:** ORELLANA MOLINA , ARNALDO VICTOR

PRESIDENT

03/11/2022

Electronic Signature of Signing Officer/Director Detail

Date