

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000083538

Entity Name: SOLEDAD MEDICAL CENTER INC.

Current Principal Place of Business:

434 SW 12 AVE
200
MIAMI , FL 33130

Current Mailing Address:

434 SW 12 AVE
200
MIAMI, FL 33130 US

FEI Number: 84-3671372

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, YUNIELYS
660 SW 9 ST
MIAMI, FL 33130 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 GONZALEZ, YUNIELYS
Address 434 SW 12 AVE
 200
City-State-Zip: MIAMI FL 33130

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: YUNIELYS GONZALEZ

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03/25/2021

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date