

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000051316

Entity Name: DESTINY MEDICAL CENTER, INC

Current Principal Place of Business:

9045 SW 17TH CT
MIRAMAR, FL 33025

Current Mailing Address:

9045 SOUTHWEST 17TH COURT
MIRAMAR, FL 33025 UN

FEI Number: 86-2419541

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DORLEANS, SHERLEY
9045 SW 17TH CT
MIRAMAR, FL 33025 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 OWNE
Name DORLEANS, SHERLEY
Address 9045 SW 17TH CT
City-State-Zip: MIRAMAR FL 33025

Title CONS
Name LIZAIRES, GUILDA
Address 9045 SW 17TH CT
City-State-Zip: MIRAMAR FL 33025

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: SHERLEY DORLEANS

OWNER

03/04/2021

Electronic Signature of Signing Officer/Director Detail

Date