

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000094937

**Entity Name:** SOUTH MIAMI MEDICAL CENTER INC

**Current Principal Place of Business:**

13501 SW 136 ST  
STE 204  
MIAMI, FL 33186

**Current Mailing Address:**

19822 SW 124 AVE  
MIAMI, FL 33177 US

**FEI Number: 85-4290308**

**Certificate of Status Desired:** No

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

RAMOS RODRIGUEZ, JOSE MARIO  
13501 SW 136 ST  
STE 204  
MIAMI, FL 33186 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 P  
Name RAMOS RODRIGUEZ, JOSE MARIO  
Address 13501 SW 136 ST  
STE 204  
City-State-Zip: MIAMI FL 33186

*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: JOSE MARIO RAMOS RODRIGUEZ**

**OWNER**

**04/29/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date