

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000032701

**Entity Name:** MIAMI LAKES HEALTH CENTER INC

**Current Principal Place of Business:**

8100 NW 155 ST  
100  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

8100 NW 155 ST  
100  
MIAMI LAKES, FL 33016 US

**FEI Number:** 86-3340787

**Certificate of Status Desired:** No

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

GARCIA, JOSE A  
8100 NW 155 ST  
100  
MIAMI LAKES, FL 33016 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            VICE PRESIDENT  
Name            GARCIA, JOSE A  
Address        8100 NW 155 ST STE 100  
City-State-Zip: MIAMI LAKES FL 33016

Title            PRESIDENT  
Name            ARZOLA, GRETTEL  
Address        8100 NW 155 ST  
                 SUITE 100  
City-State-Zip: MIAMI LAKES FL 33016

*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 GARCIA

VP

04/05/2022

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

\_\_\_\_\_  
Date