

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23000058951

Entity Name: TREE OF LIFE MEDICAL CENTER CORP

Current Principal Place of Business:

3625 SW 82 AVE
306
DORAL, FL 33166

Current Mailing Address:

3625 NW 82 AVE
306
DORAL, FL 33166

FEI Number: 93-3059148

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPEZ OLIVERA, MAILYN
13985 SW 22 ST
MIAMI, FL 33175 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 LOPEZ OLIVERA, MAILYN
Address 13985 SW 22 ST
City-State-Zip: MIAMI FL 33175

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: MAILYN LOPEZ OLIVERA

PRESIDENT

04/24/2025

Electronic Signature of Signing Officer/Director Detail

Date