

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23000080048

Entity Name: LAS MIAS MEDICAL CENTER 2, INC.

Current Principal Place of Business:

7575 WEST FLAGLER ST STE 200
MIAMI, FL 33144

Current Mailing Address:

7575 WEST FLAGLER ST STE 200
MIAMI, FL 33144

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRUZ, LUCY
16321 SW 53 TER
MIAMI, FL 33185 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 CRUZ, LUCY
Address 7575 WEST FLAGLER ST STE 200
City-State-Zip: MIAMI FL 33144

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: LUCY CRUZ

AMBR

05/01/2024

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date