

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24000028214

Entity Name: EMPATHY MEDICAL CENTER CORP

Current Principal Place of Business:

7392 NW 35 TERR
SUITE 310
MIAMI, FL 33122

Current Mailing Address:

7392 NW 35 TERRACE
SUITE 310
MIAMI, FL 33122 US

FEI Number: 99-2631983

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STANFIELD, PETER
18151 SW 98 CT
PALMETTO BAY, FL 33157 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 ARIAS MORALES, MAYQUEL
Address 7392 NW 35 TERRACE
City-State-Zip: MIAMI FL 33122

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: ARIAS MORALES , MAYQUEL

P

04/25/2025

Electronic Signature of Signing Officer/Director Detail

Date