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: JACQUELINE CUETO

Electronic Signature of Signing Officer/Director Detail

VICE PRESIDENT

01/29/2018

# Secretary of State CC4892105171

FILED Jan 29, 2018

Certificate of Status Desired: No

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

Officer/Director Detail :			
Title	PRESIDENT	Title	VP
Name	CUETO, JUAN C MD	Name	CUETO, JACQUELINE
Address	4150 NW 7TH STREET SUITE 100	Address	4150 NW 7TH STREET SUITE 100
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126
Title	ST		
Name	CUETO, RINA		
Address	4150 NW 7TH STREET SUITE 100		

# 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000069862

Entity Name: MIAMI HEART CENTER, INC.

# **Current Principal Place of Business:**

4150 NW 7TH STREET SUITE 100 MIAMI, FL 33126

# **Current Mailing Address:**

4150 N.W. 7TH STREET, SUITE 100 MIAMI, FL 33126 US

## FEI Number: 65-0856031

## Name and Address of Current Registered Agent:

CUETO, JORGE LESQ. 1990 S.W. 27TH AVENUE THIRD FLOOR MIAMI, FL 33145 US

City-State-Zip: MIAMI FL 33126

Date

Date