**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jun 30, 2017**
**Secretary of State**
**CC9801566155**

DOCUMENT# V24195

**Entity Name:** AA FAMILY MEDICAL CENTER, INC.

**Current Principal Place of Business:**

20445 BISCAYNE BLVD.
H-1
AVENTURA, FL 33180

**Current Mailing Address:**

20445 BISCAYNE BLVD.
H-1
AVENTURA, FL 33180

**FEI Number: 65-0324153**

**Certificate of Status Desired:** Yes

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

RODRIGUEZ, CARLOS A
20445 BISCAYNE BLVD.
STE H1
AVENTURA, FL 33180 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 | PSD | Title | D |
| Name | RODRIGUEZ, CARLOS A | Name | RODRIGUEZ, VICTORIA E |
| Address | 20445 BISCAYNE BLVD. STE. H1 | Address | 20445 BISCAYNE BLVD. STE. H1 |
| City-State-Zip: | AVENTURA FL 33180 | City-State-Zip: | AVENTURA FL 33180 |

*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: VICTORIA E RODRIGUEZ DIRECTOR 06/30/2017

Electronic Signature of Signing Officer/Director Detail — Date