

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000005616

**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC9139787260**

**Entity Name:** DIAGNOSTICO AGUDO Y MEDICOS ESEPECIALISTAS DAME  
S.A. DAMESA, CORP

**Current Principal Place of Business:**

1978 CORPORATE SQUARE  
#106  
LONGWOOD , FL 32750

**Current Mailing Address:**

1978 CORPORATE SQUARE  
#106  
LONGWOOD , FL 32750 US

**FEI Number: 98-1281867**

**Certificate of Status Desired: No**

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

ACCOUNTING CENTER OF ORLANDO LLC  
1150 WEST STATE RD 436  
ALTAMONTE SPRINGS, FL 32714 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 C  
Name JIMENEZ, PABLO  
Address 18 DE SEPTIEMBRE Y AVE  
UNIVERSITARIA NO  
City-State-Zip: OE5-118 BARRIO MIRAFLORES

Title VC  
Name MOSQUERA, REBECCA  
Address 18 DE SEPTIEMBRE Y AVE  
UNIVERSITARIA NO  
City-State-Zip: OE5-118 BARRIO MIRAFLORES

Title D  
Name MOSQUERA, BOLIVAR  
Address 18 DE SEPTIEMBRE Y AVE  
UNIVERSITARIA NO  
City-State-Zip: OE5-118 BARRIO MIRAFLORES

Title P  
Name MOSQUERA, JONATHAN  
Address 1978 CORPORATE SQUARE  
#106  
City-State-Zip: LONGWOOD FL 32750

Title VP  
Name VALDIVIEZO, NARCISA  
Address 1978 CORPORATE SQUARE  
#106  
City-State-Zip: LONGWOOD FL 32750

*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: JONATHAN MOSQUERA**

**PRES**

**04/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date