

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000019099

**Entity Name:** ESTRADA MEDICAL CENTER INC.

**Current Principal Place of Business:**

11117 W OKEECHOBE RD STE 104  
HIALEAH GARDENS, FL 33018

**Current Mailing Address:**

11117 W OKEECHOBE RD STE 104  
HIALEAH GARDENS, FL 33018

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

EVELIO VARANY ESTRADA MOLINA  
11117 W OKEECHOBE RD STE 104  
HIALEAH GARDENS, FL 33018 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 EVELIO VARANY ESTRADA MOLINA  
Address 11117 W OKEECHOBE RD STE 104  
City-State-Zip: HIALEAH GARDENS FL 33018

*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: EVELIO VARANY ESTRADA MOLINA**

**PRESIDENT**

**02/22/2022**

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

\_\_\_\_\_  
Date